

**Investigating the Relationship between Paranoia, Attachment
and Victimisation in a Student Population.**

Paul Deller

May 2017

This thesis was submitted as part of the Professional Doctorate in Clinical Psychology at
the University of East London.

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ABSTRACT

The increasing popularity of dimensional conceptualisations of paranoia has seen a proliferation in research dedicated to this area of study. Within the literature there exists a desire to expound the social and psychological processes underlying the paranoid experience. Both adverse attachment experiences and victimisation have been theorised to contribute to the development and maintenance of a proclivity for suspicious thinking. The current study explores the respective and combined influences of attachment and victimisation on paranoia in a student sample to generate new ideas about factors that may mediate trust/mistrust. The study employed a qualitative design with quantitative measures to aid recruitment and offer a contextualisation of the occurrence of paranoia in a sample of university students. London-based university students (n= 160) completed a quantitative questionnaire measuring the construct of paranoia. Scales measuring participants' attachment patterns and experiences of discrimination were also incorporated. Ten participants (four high paranoia scorers, and six low paranoia scorers) were subsequently interviewed with respect to how they made sense of their experiences of attachments/relationships and victimisation in relation to their perceptions of trust/mistrust in others. A contextualist approach to grounded theory was used to analyse the data collected from the interviews. Four core categories were constructed including: Effects of Adversity; Ameliorative Relationships; Understanding Other; and The Examined Life. The constructed categories appeared to reflect the processes of how participants' perceptions of others (including issues of trust/mistrust) following positive/adverse attachment and

relational experiences, and incidents of victimisation were mediated through reflective processes. Implications for future research and practice are explored.

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CHAPTER ONE: INTRODUCTION

1.1. Introduction Overview

The objective of this opening chapter is to provide a landscape of the existing research on attachment and victimisation in relation to the experience of paranoia. In supporting the study's adoption of a continuum view of paranoia, initial focus is given to outlining existing operational accounts and psychological models of suspiciousness. A critical review of existing paradigms currently dominating this field of study is intended to provide a context for the development of new theory. An analysis of literature denoting the respective roles of attachment and victimisation experiences on suspicious thinking are then explored to reveal gaps in this area of research. The necessity for investigation into the respective and combined influences of attachment and victimisation on the suspicious mind is then examined to provide justification for the current study. Studies demonstrating a high prevalence of suspicion in student samples and literature providing theoretical justification for further empirical research in this population are considered. The chapter ends with a summary of the thesis' aims and objectives.

1.2. Psychiatric Accounts of Paranoia

Clinical conceptualisations of paranoia categorise the experience as symptomatic of psychopathology. It is identified as a feature of several diagnoses of mental distress including depression, personality disorders, post-traumatic stress disorder (PTSD), and various subtypes of schizophrenia (Freeman & Garety, 2004). Persecutory delusions are the most frequently diagnosed subtype of delusion commensurate with the psychiatric paradigm of paranoia (Freeman et al., 2004) and are noted as occurring in fifty percent of people experiencing psychosis (Sartorius et al., 1986).

The American Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013), and the International Classification of Diseases (ICD-10) World Health Organisation (1993) represent the primary classification guides employed by professionals to demarcate subtypes of clinical disorder. Since publication of the DSM-I (American Psychiatric Association, 1952) paranoia has been categorised as a type of personality disorder, a type of schizophrenia or a delusional disorder. Existing definitions of disorders characterised by suspiciousness within these diagnostic manuals largely converge in their descriptions. Persecutory delusion has been defined as one characteristic of paranoid thinking in which: “the central theme is that one is being attacked, harassed, cheated, persecuted or conspired against” (DSM-IV-TR, 2013). Within the ICD-10 (2017), paranoid personality disorder is described as a disorder characterised by: “suspiciousness and a tendency to distort experience by misconstruing neutral or friendly actions of others as hostile or contemptuous; recurrent suspicions, without justification”. Despite commonalities in professional definitions, diagnostic systems have been criticised for poor validity and reliability (Van et al., 1999), and conceptual incoherence (David, 1999). Growing dissatisfaction with diagnostic categories has seen a proliferation in research dedicated to the minutiae of paranoia as a single symptom, as opposed to broad diagnostic categories (Bentall, Kinderman, & Kaney, 1994). Accordingly, the following section explores psychological models of paranoia which focus on discrete features of the experience.

1.3. Psychological Accounts of Paranoia

This section outlines existing psychological models of paranoia. This is intended to support the continuum view of paranoia adopted in the current study and provide a context for the development of new theory.

Psychological research on paranoia emphasises processes underlying suspicious thinking. While an expansive range of psychological models for clinical and nonclinical accounts of paranoia have been developed, several popular theories are briefly reviewed here.

1.3.1. Affective Processes: Anxiety, Depression, Self-Esteem and Schemas

1.3.1.1. *Anxiety*

Anxiety has been described as: “an emotional state, with the subjectively experienced quality of fear as a closely related emotion” (Lewis, 1970. P. 77). It commonly includes a state of apprehension stemming from the anticipation of real or perceived threat, and is characterised by unpleasant emotions, uneasiness and worry, manifesting in bodily disturbances such as tension, increased heart rate, and sweating etc (Endler & Kocovski, 1999). The psychological model of anxiety encompasses a dimensional conceptualisation. People are viewed as experiencing various degrees of distress, with those at the upper end of the continuum being affected in their social, emotional, and/or occupational functioning. Anticipation of danger and concern for one’s physical, social and psychological safety are evident in both anxious and persecutory styles of thinking. Reference to the evidence base reveals support for a relationship between these two experiences (Martin & Penn, 2001). Research demonstrates anxiety to be a predictor of paranoia (Freeman et al., 2003). The role of anxiety in the persistence of persecutory delusions has also been highlighted (Startup, Garety, & Freeman, 2007). Studies on nonclinical populations suggest that the content of paranoid ideation in clinical samples reflects concerns commonly experienced by the general population (Freeman et al., 2003). Indeed, it has been contended that severe paranoia builds “upon common emotional concerns, the most common type of suspiciousness is that of social anxiety or interpersonal worry...; ideas of reference build upon these sensitivities; persecutory thoughts are closely associated with the attribution of significance; and as the severity of the threatened harm increases, the less common is the thought” (Freeman, 2007. p. 433).

Freeman and Garety (1999) note that over sixty-five percent of individuals with persecutory delusions have a worrying thinking style. Safety seeking behaviours are another type of anxiety-related process discovered in people experiencing persecutory delusions. Salkovskis (1991) notes that people who perceive themselves to be in danger, frequently perform acts intended to avert a feared

consequence from transpiring. Rather than attribute the absence of an anticipated consequence to incorrect threat beliefs, the aversion of danger is credited to the safety behaviour; therein, negatively reinforcing this action (Freeman, 2007)

1.3.1.2. *Depression, Self-Esteem and Schemas*

Richard Bentall, a seminal figure in this area of research contends that persecutory delusions serve a defensive function against negative affective processes (Bentall et al., 1994). The delusion-as-defence model proposes that individuals with paranoia avert negative internal representations of self from entering consciousness. Bentall et al. (1994) propose that the paranoid person achieves this by externalising causal attributions of adverse self-referent events. Through this process, individuals with persecutory delusions are hypothesised to maintain overt self-esteem and defend against depression. While the delusion-as-defence model focuses on the avoidance of low self-esteem or depression, the constructs of depression and self-esteem commonly correlate in research on persecutory delusions (Drake et al., 2004). Depression and persecutory ideation are also noted as comprising similar underlying processes; however, Bentall et al. (1994) suggest that: “depression is characterised by a gulf between self-perceptions and self-ideal, [whereas] persecutory ideation can be thought of as resulting from the struggle to reduce this gulf to a minimum” (p.335).

In evaluating the validity of delusion-as-defence paradigms, Freeman (2007) asserts that: “A simplified view would be that if delusions are a defence then self-esteem would be normal, but if paranoia builds on negative views of the self then self-esteem should be low” (P.434). However, a review of the literature reveals inconsistent findings. In the research of Barrowclough et al. (2003), the preponderance of individuals with persecutory delusions had reported low self-esteem, whereas another study found high levels of self-esteem in a sample of people scoring high in paranoia (Krstev, Jackson & Maude, 1999). To account for these mixed-findings, Bentall, Corcoran, Howard, Blackwood, and Kinderman (2001) suggest that there is instability in self-esteem in individuals with paranoia

in which: “individuals are locked into a struggle to defend against negative emotion, sometimes winning, sometimes losing” (Freeman, 2006. p.434).

In contrast to the delusions-as-defence model, Freeman et al. (2004) posit that persecutory delusions are directly and overtly congruent with emotional concerns. This argument holds that suspicious thinking is simply more likely to develop in people high in anxiety and depression who have negative views about self and others (Freeman et al., 2004). This is supported in research which frequently demonstrates correlations between paranoia, depression and low self-esteem (Ellett, Lopes, & Chadwick, 2003). Indeed, the research of Drake et al. (2004), which demonstrated a relationship between depression and low self-esteem in individuals experiencing first-episode psychosis, is consistent with the larger literature on affective problems and psychosis (Guillem, Pampoulova, Stip, Lalonde, & Todorov, 2005). Freeman (2007) contends that results showing positive correlations between low self-esteem and low-mood would not be expected if persecutory thoughts serve as a defence.

1.3.2. Problematic Reasoning: Jumping to Conclusions, Attributional Style, and Theory of Mind Deficit

The following models hypothesise that paranoia is a consequence of biases in the way people perceive, attend to, and interpret events.

1.3.2.1. Jumping to Conclusions (JTC)

From the 1980's onwards, Philippa Garety and colleagues have conducted seminal research demonstrating a 'jumping to conclusion' (JTC) bias in individuals with delusions. This cognitive bias is characterised by hastier decisions being made based on less evidence. A probabilistic reasoning task known as the 'beads task' is the most common approach employed to demonstrate the JTC bias. The beads task involves participants being shown two transparent containers containing coloured beads. The containers are then removed from view of the participants. Participants are then instructed that individual beads are randomly being drawn from one of the two containers (and subsequently replaced), and that they need to decide from which container the beads derived. It was discovered that individuals with delusions required less

information than nonclinical samples when making decisions. The aforementioned bias in data-gathering is purported to result in acceptance of beliefs, in spite of insufficient evidence, leading to delusion development and maintenance. Freeman (2007) evaluated ten studies comparing clinical samples with controls and concluded that data gathering was hastier in the clinical group. While such findings provide strong support, there is less evidence finding a jumping-to-conclusion bias (JTC) in persecutory delusion subtypes (Startup, 2004). Accordingly, Freeman (2007) writes: "The limited conclusion that can be made on this information at present is that JTC is often present in people with persecutory delusions. Conversely, Maher (1992) reported that controls took longer to reach a decision and that clinical groups made fewer errors. Moreover, the only nonclinical study to investigate a relationship between jumping to conclusions and paranoid ideation found no association (Freeman et al, 2005). Freeman (2007) concludes: "Biases in reasoning may be much more subtle outside of acute delusional states" (p.437).

1.3.2.2. *Attributional Style*

Reference to empirical research reveals an exaggerated self-serving bias in individuals with persecutory delusions. Using a clinical sample, Bentall and Kaney (1989) found that individuals with persecutory delusions made excessively internal attributions for positive events and excessively external attributions for negative events. Incorporating a computer game design, the same authors discovered that participants exhibiting paranoia claimed more control in winning situations than losing ones. Results supporting an attributional bias have also been found in studies employing the Attributional Style Questionnaire (ASQ) (Krstev, Jackson, & Maude, 1999). Conversely, other studies have found no such bias when comparing clinical with control groups (Kinderman & Bentall, 1996).

1.3.2.3. *Theory of Mind*

It has been postulated that paranoia may result from deficits in theory of mind. This concept refers to one's ability to infer mental states in others. Supporters of this hypothesis hold that paranoid samples infer malevolent intentions in others due to an inability to understand what people are thinking (Frith, 1992). The consensus is that theory of mind deficits are evident in people diagnosed with

schizophrenia (Brune, 2005). However, Frith (2004) notes that a direct association between deficits in theory of mind and paranoia is more equivocal. While the evidence base indicates that theory of mind deficits do occur in people experiencing persecutory delusions (Randall, Corcoran, Day, & Bentall, 2003), deficits in this ability are not necessary for paranoia to occur (Freeman, 2007). Moreover, research investigating theory of mind abilities in a selective sample of individuals with persecutory delusions which controlled for confounding factors (i.e. concomitant mental health diagnoses etc.), found that theory of mind remained intact (Walston, Blennerhassett, & Charlton, 2000). Freeman (2006) highlights weaknesses in theoretical accounts of theory of mind asserting: “many paranoid individuals would say that their persecutors are not disguising their intentions and indeed make their intent all too clear” (p.448).

1.3.3. Continuum Views of Paranoia

While earlier conceptualisations of paranoia categorised the experience as synonymous with psychiatric pathology (Bentall & Taylor, 2006), it is now commonly understood to exist on a continuum from everyday suspiciousness to extreme experiences of persecutory delusion (Boyd & Gumley, 2007). This argument holds that complaints of psychiatric patients are not qualitatively different from those considered to be functioning ‘normally’, and can be conceptualised in terms of psychological mechanisms evident in nonclinical populations. Bentall (2005) posits: “the assumption that there is a boundary between the normal and the sick survives empirical scrutiny no better than the assumption that there are discrete mental illnesses” (p.221).

While dimensional paradigms of paranoia are becoming more popular, they are not uniform in their approach (Costello, 1994). Within the disease-based model, the volume and degree of paranoid symptoms is indicative of the individual's vulnerability to develop paranoid psychosis. In contrast, phenomenological models view clinical and nonclinical populations' experiences of paranoia as qualitatively no different, distinguished only by intensity and intrusiveness. According to Kramer (2006): “ordinary individuals, in their everyday behaviour, manifest characteristics such as self-centred thought, suspiciousness,

assumptions of ill will or hostility, and even notions of conspiratorial intent that are reminiscent of paranoia” (p.363). It is argued that research into paranoid ideation in nonclinical samples can inform an understanding of clinical paranoia. Freeman (2007) highlights the benefits of adopting a dimensional paradigm, positing that recruitment of nonclinical samples permits avoidance of research complications (i.e. medication side effects, diagnosis-related stigma etc.).

1.3.4. Definition of Paranoia

While paranoia previously referred to a manifestation of mental pathology, the term is now commonly adopted in mainstream vernacular. It has been described as “a way of perceiving and relating to other people and to the world that is characterized by some degree of suspicion, mistrust or hostility” (Cromby & Harper, 2011. p335). Freeman (2008) posits that terms like paranoia, persecutory beliefs and persecutory delusions are employed both interchangeably and to describe distinct concepts. In the current study, the term paranoia refers to clinical and sub-clinical experiences in which other people are suspected to have negative intentions. This continuum paradigm of paranoia encompasses trait-like-everyday suspicious thoughts, nonpsychotic clinical manifestations of paranoia, and persecutory delusions.

Until this point, focus has centred on theory and research exploring the experience of paranoia in isolation. Attention now turns to literature highlighting attachment experiences as potential mediators of paranoia. It includes a critical appraisal of existing research and explores gaps in this field of study.

1.4. Attachment and Paranoia

To ensure coverage of relevant literature exploring an association between paranoia and attachment, a systematic literature review was performed. The search criteria included peer-reviewed papers between 1980 to 2017 and was performed using electronic databases: PsychINFO, PsychArticles; CINAHL Plus and Science Direct. Search terms employed included: paranoia, suspicion, suspiciousness, persecutory delusions, paranoid ideation AND attachment. Only

journals in English were included. PsychINFO, PsychArticles, and CINAHL Plus collectively produced 114 journals. Science Direct produced 100 journals. Titles and abstracts of the collected papers were reviewed and articles deemed most relevant to the study were included. Relevance criteria included literature with a specific focus on quantitative and qualitative research exploring associations between paranoia/suspiciousness and attachment in clinical and nonclinical human populations. Papers that also focused on theoretical approaches to understanding paranoia in the context of adverse attachment experiences were included. Initial searches produced some irrelevant articles including those with a medical as opposed to psychological focus.

1.4.1. Attachment Theory

Bowlby's (1973) attachment theory is a lifespan developmental model positing a universal need to develop close affectionate bonds. A central premise is that attachment behaviours serve a homeostatic function for regulating individual distress. Mental representations of self in relation to others are noted as developing during earlier caregiver-infant interactions, which subsequently influence future adult interpersonal functioning. The attachment relationship is theorised to enable the infant to engage in exploration and develop independence. It also includes the formation of expectations of how others behave in social relationships. Serving as working models, attachment styles are theorised to influence memory, attention and forecasts about future interactions (Cassidy, 1999); reflecting beliefs concerning self-perceptions (i.e. am I worthy of attention?), and perceptions of others (i.e. are other people reliable?). Should caregivers respond sensitively to distress, a secure attachment style, characterised by a positive self-image and comfort with forming relationships, is hypothesised to ensue. Conversely, an unresponsive or insensitive interaction consequences in insecure anxious/ambivalent attachments, characterised by escalated levels of affect/distress, or insecure avoidant attachments, typified by low affect and avoidance of relationships (Mikulincer, Shaver, & Pereg, 2003).

Although attachment theory plays an important role in practice and research, the paradigm has been subject to criticism. It has been argued that attachment

theory relies on essentialist Western concepts of maternal instincts, leading to mother-blaming discourses. Wall (2010) posits that the theory reflects middle-class Western values of intensive mothering in which the child is positioned as passive, and 'good mothers' are tasked with ensuring the development of the child's potential (Wall, 2010). Such a model of intensive parenting favours families that possess certain material resources. The consequence for many mothers includes increased stress, guilt and shame (Johnstone & Swanson, 2006). A focus on the mother-child dyad may also marginalise other important relationships in the child's network. Moreover, a large proportion of research has centred on attachment patterns in middle class, two parent, white families (Keller, 2014). This results in the undervaluing of cross-cultural variations of parenting. According to Seymour (2013): "most societies around the world do not expect mother or parents to rear children alone" (p. 115). Caring responsibilities are shared among multiple caregivers. Many cultures value independence and autonomy and adopt childcaring practices that promote these characteristics.

1.4.2. Attachment Styles

Research with young people has identified four attachment styles including: secure, anxious-ambivalent, anxious-avoidant, and disorganised (Ainsworth, Blehar, Waters, & Wall, 1978). Securely attached children are reported to use caregivers as a source of safety from which they can explore the world. This is believed to lead to a sense of autonomy, and valuing of close relationships. Ambivalent attachment is noted as characterised by heightened emotional expression and reluctance to separate from the caregiver. Conversely, avoidant attachment is characterised as indifference to attachment figures (MacBeth, Schwannauer & Gumley, 2008). These attachment styles have subsequently been examined in relation to interpersonal relationships in adults (Hazan & Shaver, 1987). Bartholomew and Harowitz (1991) proposed a four-category model based on Ainsworth's earlier theory, including: secure, preoccupied (anxious-ambivalent) and avoidant style separated into two discrete styles (dismissing-avoidant and fearful-avoidant). While several different conceptualisations of adult attachment exist, a factor analysis based on self-report measures of three-hundred and twenty people revealed two dimensions of

attachment (Brennan, Clarke, & Shavers, 1998). Attachment anxiety in adults is linked with a negative self-perception, demanding interpersonal style, fear of rejection, and an excessive degree of adverse emotion. Attachment avoidance is associated with negative perceptions of others, defensive minimisation of emotion, interpersonal discord and social isolation (Bartholomew et al., 1991).

1.4.3. Attachment Theory and Paranoia

Attachment theory has been utilised to understand paranoia. MacBeth et al (2008) theorised that attachment interfaces typified by poor caregiving culminate in an: “orientation towards threat as a default mentality for social interactions” (p.81). Integrating evolutionary and cognitive models, these authors (2008) held that adopting a mistrustful mind-state functions to increase the likelihood of survival. It is proposed that heightened sensitivity to threat cues culminate in attentional and attributional biases (Morrison et al, 2005). Consequently, safety is noted as being attained: “at the cost of requiring the individual to be hypervigilant, mistrustful, avoidant, or aggressive towards individuals or organizations associated with threat cues” (Macbeth et al., 2008. p.81). Gumley and Schwannauer (2006) hold that vulnerability to paranoid perceptions is increased by negative developmental experiences with caregivers. Consequently, poor parenting is hypothesised to lead individuals to construct negative self-representations about self and others which are noted as strong predictors of paranoia (Wearden, Peters, Berry, Barrowclough, & Liversidge, 2008). It is suggested that a threat-sensitive orientation prevails in multiple social domains and that: “the context of attachment styles presents a specific example of this orientation” (Macbeth et al., 2008. p.81).

1.4.4. Research on Early Development and Paranoia in Clinical Populations

1.4.4.1. *Quantitative Design Studies: Attachment Style Correlates*

The evidence base reveals strong empirical support for links between adverse attachment experiences and psychopathology (Dozier, Stovall, & Albus, 1999). The preponderance of research purporting a relationship between paranoia and attachment has employed the aforementioned attachment styles in correlational

design studies. Dozier and colleagues' collection of studies on psychosis which represent the weight of research in this area chiefly found higher frequencies of dismissing-avoidant attachments in samples containing paranoid participants (Dozier, Stevenson, Lee & Velligan, 1991).

Attachment style was shown to mediate an association between early adversity and paranoia in a large community sample by Sitko, Bentall, Shevlin, O'Sullivan, and Sellwood (2014). Incorporating the measure of Hazan et al. (1987) to assess adult attachment styles in a sample of 800 people diagnosed with psychosis, Mickelson, Kessler and Shaver (1997) found higher levels of insecure attachment and paranoid ideation in a group diagnosed with schizophrenia. In a later study, Berry, Barrowclough, and Wearden (2008) found that insecure-avoidant attachment positively correlated with paranoia after controlling for symptom severity. Conversely, an investigation into attachment and interpersonal mistrust in early psychosis by Fett et al. (2016) found higher levels of attachment anxiety in a clinical sample with paranoid symptoms, but no difference in attachment avoidance compared to controls. Research by Wickham, Sitki & Bentall (2015) showed that insecure attachment predicted paranoia but not hallucinations in a clinical sample. Moreover, in a systematic review exploring attachment and psychosis comprising 1453 participants, paranoia was specifically associated with attachment avoidance, independent of severity of illness. Associations between avoidant attachment styles and paranoia appears to support cognitive models' premise that negative beliefs and social withdrawal are implicated in the maintenance of paranoia (Garety, Kuipers, Fowler, Freeman, & Bebbington 2001). The authors suggested that avoidant coping strategies lead to adverse reactions from others and enhance alienation. This is consistent with the findings of Macbeth et al. (2008) that attachment anxiety, avoidance and the use of interpersonal-distancing strategies correlated with paranoia. Stopa, Denton, Wingfield, & Taylor (2013) charge that avoidance may, in turn, prevent disconfirmation of maladaptive beliefs underlying paranoia.

While these studies suggest consistent associations between different adverse attachment experiences and paranoia, they include several methodological limitations. Many have included individuals with a range of diagnoses.

Consequently, their ability to isolate the construct of paranoia may have been confounded. Nonetheless, Bentall et al. (2001) argue that: “While each of these arguments on its own is not particularly strong or specific to paranoia... together they make a powerful case for supposing that families play a role in the development of vulnerability to paranoid thinking” (P.1180).

1.4.4.2. *Quantitative Design Studies: Nature of Adverse Parenting Experiences*

Bhugra, Leff, Mallett, and Der (1997) reported that thirty-four percent of their sample had experienced separation from their mothers for a sustained period during childhood, and fifty-three percent reported an extended period of separation from their fathers. Moreover, research by Myhrman, Rantakallio, Isohanni, Jones, and Partanen (1996) comprising an analysis of 28 years of data in Finland found that unwantedness increased risk of psychosis four-fold. Further studies revealed that individuals with symptoms of paranoia, including acutely symptomatic and remitted patients, commonly described emotionally cold and controlling parents (Rankin, Bentall, Hill, & Kinderman, 2005). Moreover, research incorporating the Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979) indicated that individuals with schizophrenia frequently described uncaring and overprotective parenting compared to nonclinical controls (Onstad, Skre, Torgersen, & Kringer, 1994). Overprotective parenting has been associated with defensive coping strategies including avoidance and dissociation, which are noted as being relevant to paranoia (Yoshizumi, Murase, Murakami, & Takai, 2007). In a quantitative study Castilhoa et al. (2016) reported experiential avoidance as a mediator between attachment anxiety and paranoid ideation; with attachment anxiety to mother being most significant. Experiential avoidance pertains to an unwillingness to encounter difficult inner experiences which subsequently results in attempts to avoid/suppress those experiences. In contrast to Dozier and colleagues studies, Castilhoa et al. (2016) found anxiety attachment patterns were higher in all attachment figures. Interpreting similar findings, Korver-Nieberg et al. (2013) concluded that: “attachment anxiety leads to threat beliefs in social situations, which combined with a poor-self-concept leads to paranoid thinking”.

Trower and Chadwick's (1995) research, purporting a distinction between 'poor me' paranoia and 'bad me' paranoia, has also been conceptualised within an attachment framework to understand specific parenting-style effects. 'Poor me' paranoia relates to the perception that persecution is underserved and is therefore related to high self-esteem. Conversely, 'bad me' paranoia concerns the belief that persecution is deserved and is associated with low self-esteem. Both conceptions are understood to develop from different adverse experiences of childhood care. 'Bad me' paranoia was noted to result from invasive and critical parenting, leading to a self-protective style in adulthood. In contrast, 'poor me' paranoia was proposed to develop from neglectful parenting and is marked by a greater need for reassurance from others. Berry, Barrowclough, and Wearden (2007) concluded that the two types can be understood in terms of dismissing and fearful attachments. In the aforementioned study, participants classified with 'bad me' paranoia scored lower on measures of self-esteem and higher on anxiety and depression when compared to the 'poor me' group. However, another study reported fluctuations in reports of deservedness of persecution and self-views (Melo, Taylor, & Bentall, 2006). In terms of attachment experiences, Melo et al. (2006) found that both 'bad me' and 'poor me' groups reported less mother-care than controls. A similar result was found by Rankin et al. (2005); however, the aforementioned authors also found significant differences between paranoid and control groups on measures of parental bonding including less parental care and more overprotectiveness from both father and mother during childhood. In a more recent study, Morris, Trowers and Peters (2011) demonstrated a difference between the two groups, including higher levels of parental overprotection reported by the 'bad me' group. Interestingly, memories of coldness, demandingness and criticism from parents were believed to be more significant than neglect. Similar findings were reported by Valiente, Romero, Hervas, and Espinosa (2014) in which parental overprotection and negative self-other evaluations were associated with paranoid thinking.

1.4.4.3. *Impact of Specific Adverse Experiences*

The literature reveals considerable research relating childhood abuse to psychosis (Read & Gumley, 2008), with neglect being a specific predictor of

paranoia (Bentall, Wickham, Shevlin, & Varese, 2012). Childhood sexual and physical abuse in particular has been related with paranoid delusions in numerous studies (Bentall, 2003). According to Wickham et al. (2015) such adverse experiences lead to internal working models that: “allow the individual to anticipate and avoid unsatisfactory relationships in the future but...confer a legacy of enduring mistrust of others” (p. 1496).

1.4.5. Research on Early Development and Paranoia in Nonclinical Populations

1.4.5.1. *Quantitative Design Studies: Attachment Style Correlates*

Associations between paranoia and dismissing and preoccupied attachment styles have been demonstrated in the general population (Cooper, Shaver, & Collins, 1998). Individuals categorised with attachment styles characterised by high-attachment anxiety in peer relationships scored higher on suspicious/paranoid measures in a study by Meins, Jones, Fernyhough, Hurndall, and Koronis (2008). Using a student sample in Iran, Bonab and Koohsar (2011) found that pupils who trusted on the dependability of others scored lower on paranoid ideation and somatization than pupils with anxious attachments. Attachment anxiety was also shown to correlate with paranoia and hallucinations in research, using a student sample by Berry Wearden, Barrowclough, and Liversidge (2006); whereas, Pickering, Simpson, & Bentall (2008) discovered that insecure attachment predicted paranoia but not hallucinations in a nonclinical sample. Low self-esteem and perceptions of others as powerful mediated the relationship between attachment insecurity and suspiciousness.

1.4.5.2. *Quantitative Design Studies: Nature of Adverse Attachment Experiences*

Investigating a student population, Udachinaa and Bentall (2014) found that experiential avoidance and suboptimal parenting, including emotional invalidation, punishment and belittlement, fosters paranoid thinking. Ben, Harvey, Gilbert, and Irons (2005) discovered that rejecting parenting was associated with lower interpersonal trust. Students who recalled experiencing rejecting parenting reported lower social intimacy and greater difficulty in disclosing to others. Conversely, no correlation was found between negative other-evaluative core

beliefs and recall of rejecting parenting in a student sample (Wearden et al., 2008) whereas Meins et al. (2008) found higher levels of suspiciousness in individuals who perceived either parent to have been less caring.

While a review of the literature provides support for an association between adverse developmental experiences and paranoia in clinical and nonclinical samples, these studies can be criticised for overreliance on self-report attachment measures and a lack of qualitative focus on individuals' subjective experiences. Focus now turns to investigations of attachment and paranoia that adopt qualitative designs.

1.4.6. Paranoia and Attachment: Qualitative Design Studies

This section explores studies employing qualitative designs to investigate associations between paranoia and attachment. Although many of the studies incorporate small samples, limiting their generalisability to larger populations, they provide interesting and rich insights into the subjective experiences of paranoia. They also reveal gaps in the attachment and paranoia literature, highlighting the need for further investigation in several areas.

Campbell and Morrison (2007) conducted a qualitative exploration into the phenomenology of paranoia, comparing clinical and nonclinical samples. Employing Interpretative Phenomenological Analysis (IPA), participants were shown to attribute paranoia to negative life experiences, particularly early life adversity. However, their research has been criticised for lacking detail on how early adversity leads to the formation of a paranoid thinking style (Dickson, Barsky, Kinderman, King, & Taylor, 2016). Drawing on an experiential perspective of paranoia, Boyd et al. (2007) suggests that object relations theory may account for this gap. The aforementioned authors noted: "through the internalization of relationships with caregivers and the environment (objects), good or bad, an individual develops their capacity to feel supported or attacked from inside" (P.17). Employing a similar methodology, Dickson et al. (2016) investigated the role of early interpersonal experiences on individuals recovered from persecutory delusions. Unpredictable and problematic relationships in

childhood and experiences of victimisation were identified as key factors in the development of paranoid thinking. The findings were used to support the role of attachment and cognitive factors in persecutory delusions. While positive relational experiences were noted as potential buffers against adversity, the authors identified the need for further research in this area.

1.4.7. Variability of Attachment Styles and Reparative Interpersonal Experiences

Contrary to prior conceptions, it has been postulated that attachment styles may be variable. Crowell and Treboux (1995) charge that inconsistency between internalised models and interpersonal experiences may mediate changes in attachment type and the propensity to experience paranoid thoughts. Indeed, evidence suggests that the assumptions individuals make about others can be modified following both positive and adverse experiences (Read et al., 2008). According to Bowlby (1988) psychotherapy offers a significant emotional experience in this regard.

While this represents a promising area for research, Berry et al. (2007) argue that there is a lack of clarity about the adaptability of working models including under what conditions they might change. Given individuals have relationships with a variety of attachment figures, clarification is needed regarding how individual attachment representations are organised and modified (Cook, 2000).

1.4.8. Summary

This section reviewed both theory and research exploring a relationship between attachment and paranoia in clinical and nonclinical populations. Several flaws and gaps in the literature have been highlighted including an overreliance on self-report measures, precluding a qualitative exploration of paranoia in the context of attachment. It has also highlighted a need for research that specifically isolates the experience of paranoia as opposed to relying on broad diagnostic categories. Finally, the potential for reparative relationships to modify individual attachment representations remains relatively unexamined. Focus now turns to research exploring paranoia in the context of victimisation.

1.5. Victimisation and Paranoia

To ensure coverage of relevant research exploring an association between paranoia and victimisation, a systematic literature review was performed. The search criteria included peer reviewed papers between 1980 to 2017 and was performed using electronic databases: PsychINFO, PsychArticles; CINAHL Plus and Science Direct. Search terms employed included: paranoia, suspicion, suspiciousness, persecutory delusions, paranoid ideation AND victimisation, discrimination, bullying, classism, racism, sexism. PsychINFO, PsychArticles, and CINAHL Plus collectively produced 216 articles. Science Direct produced 302 articles. Titles and abstracts of the collected papers were reviewed and articles deemed most relevant to the study were included. Relevance criteria included literature with a specific focus on quantitative and qualitative research exploring associations between paranoia/suspiciousness and experiences of victimisation/discrimination. Only papers that specifically address the psychological effects of discrimination on the individual were included.

1.5.1. Section Overview

The following section includes a review of studies that have investigated the link between paranoia and various forms of discrimination/victimisation based on individual characteristics including: racism, bullying victimisation, classism, sexism, and sexualism.

1.5.1.1. *Types of Victimisation*

Reference to literature on the constructs of victimisation and discrimination reveal two subtypes: interpersonal and institutional. Interpersonal discrimination pertains to discriminatory interfaces between individuals whereas institutional discrimination concerns discrimination entrenched in institutional structures. Given the link between interpersonal discrimination and perceptions of persecution, the literature explored in this section is focused on victimisation enacted relationally through individuals.

1.5.2. Impact of Victimisation

Exposure to discrimination is common for members of socially disadvantaged groups, and correlates with higher rates of mental health problems (Pascoe & Richman, 2009). A robust negative relationship has been revealed between discrimination and wellbeing for a range of disadvantaged groups (Schmitt, Branscombe, Postmes, & Garcia, 2014). Population-based studies reveal that general perceived discrimination is associated with an increased probability of reporting psychosis (Veling, 2013). Moreover, research by Karlsen et al. (2005) indicates that psychosis is three times more likely to ensue in people exposed to verbal discriminatory abuse, and five times more likely to transpire in those subjected to discriminatory physical attacks. There is also a growing body of evidence exploring how experiences of victimisation and discrimination contribute to the development and maintenance of a proclivity for mistrust in others (Bentall et al., 2001). In a longitudinal study, Janssen et al. (2003) found that perceived discrimination, based on ethnicity, gender, age, appearance, disability or sexual orientation, was associated with the onset of paranoid ideation in a large sample in the Netherlands. Several theories accounting for higher rates of paranoia in response to discrimination exist.

1.5.3. Victimisation, Paranoia and Cognitive Attributions

Findings linking victimisation with poor mental health are hypothesised to reflect the effects of chronic discrimination on cognitive attributions (Bentall et al., 2001). Literature denoting cognitive mechanisms underpinning paranoia highlight a tendency to over-anticipate threat and a tendency to attribute adverse experiences to others. Accounting for this phenomenon, cognitive theorists charge that experiences of victimisation contribute to the development of negative schematic beliefs about others and the world (Bentall, Wickham, Shevlin & Varese, 2012). However, psychology's focus on cognitive processes has been criticised for obfuscating the toxic effects of material circumstances and social structural influences (Smail, 1993).

1.5.4. Paranoia, Discrimination, and Powerlessness

It has also been posited that paranoid beliefs occur in the context of discrimination and experiences of powerlessness. Mirowsky and Ross (1983) argue that powerlessness leads to the belief that important outcomes are controlled by external forces. Belief in external control is charged to interact with the threat of victimisation to produce mistrust. This finding builds on previous research demonstrating that people in lower 'social classes' are more likely to live in conditions that stimulate development of paranoid beliefs (i.e. increased risk of assault etc). (Mirowsky et al., 1983). Utilising data from a community study in El Paso, Texas, and Juarez, Mexico, Mirowsky et al. (1983) found that belief in external control was correlated with low socioeconomic status, Mexican heritage, and being female. The results were used to support the contention that mistrust is greatest where victimisation is greatest. The finding that paranoia is associated with harsh urban environments has support in the empirical literature (Wickham et al., 2015).

Selten and Cantor-Graae (2005) posit that experiences of victimisation are related to subordinate status which can culminate in a sense of social defeat. It is hypothesised that social defeat may be particularly relevant to the onset and maintenance of paranoia symptoms deemed as psychotic (Bentall, 2003).

1.5.5. Racism and Paranoia

1.5.5.1. *Paranoia and Racism in Clinical Populations*

Racism is defined as a multidimensional construct comprising prejudice towards minority groups based on perceived racial differences and physical acts of discrimination (McNeilly et al, 1996). Higher prevalence of persecutory ideation among certain immigrant and ethnic minority groups accentuates racial discrimination as a potential mediator of paranoid ideation (Harper, 2011). Mental health statistics in the UK indicate that Black and Asian people are fifty percent more likely to receive a diagnosis of paranoid schizophrenia (King, Coker, Leavey, Hoare, & Johnson-Sabine, 1994). Veling, Selten, Mackenbach, and Hoek (2007) demonstrated that incidence of paranoid psychosis was highest among ethnic groups that experienced the most severe discrimination, whilst

Karlsen et al. (2002) found that individuals experiencing racism in the last year were more likely to have psychotic symptoms characterised by persecutory beliefs. Higher rates of paranoid psychosis are also evident among Black people living in predominantly white areas (Boydell et al., 2001) whereas statistics show that incidence of psychosis is not similarly raised in certain ethnic minorities' indigenous countries (Bhugra et al., 1997). According to Bentall (2006): "the inescapable conclusion seems to be chronic exposure to victimisation and racial discrimination increases the risk of paranoid thinking" (p.228).

Van Os et al. (1999) explored the relationship between life events, ethnicity and discrimination in service-users with a variety of diagnoses including paranoid psychosis. Employing the Racial Life Questionnaire, the authors found that Black and ethnic minority service-users were significantly more likely to attribute assault, legal, financial and health life events to discrimination, with skin colour being the main contributing factor.

1.5.5.2. *Paranoia and Racism in Nonclinical Populations*

Associations between racial discrimination and paranoid thinking in nonclinical populations have also been documented. Thompson, Neville, Weathers, Poston, & Atkinson (1990) discovered that racist discrimination correlated with cultural mistrust in a group of Black-American students. Mistrust was linked to incidents of discrimination faced by this population. Combs, Penn and Fenigstein (2002) found that African-Americans scored significantly higher than non-Hispanic whites on the subclinical Paranoia Scale (PS) in North America. Rather than suggesting greater levels of pathological paranoia in African Americans, the authors concluded that higher scores reflected mistrust/interpersonal wariness resulting from perceived discrimination. In a study on perceived racism and cultural mistrust, Combs et al. (2006) reported that perceived racist discrimination related to higher levels of hostility and increased tendency to blame others in ambiguous situations. Accordingly, the authors surmised that perceived racism might bias processing of interpretive cues.

In research by Mosley, Owen, Rostosky and Reese (2016), a non-clinical sample of Black men endorsed items indicative of paranoid pathology on the Millon Clinical Multi-axial Inventory–III (MCMI-III) Paranoid scale (Millon, Millon, Davis, & Grossman, 1994). Many of the sample attributed their endorsement of paranoid subscale items to experiences of race and class prejudice. Categories and subcategories emerging from the study's qualitative component included: life experiences leading to mistrust, life lessons learned in close relationships, negative experiences at work or school, and experiences living in oppressive contexts. The potent and pervasive impact of living in environments that promote cynicism and suspiciousness as a means of survival were highlighted.

1.5.5.3. *Theoretical Accounts of Racism and Paranoia*

Higher rates of paranoia in ethnic minority groups have been conceptualised within both the social defeat paradigm (Sharpley, Hutchinson, Murray, & McKenzie, 2001) and social rank theory (Price & Sloman, 1987). These theories postulate that paranoia is the cumulative effect of prolonged exposure to social adversity, which leads to an overreliance on threat-oriented information processing (Freeman et al., 2014). Grier and Cobbs (1968) have argued that Black persons are forced into a defensive, self-protective position in response to an oppressive environment. Social-learning theory has also been employed to conceptualise reports of high trends of paranoia in this group. Haynes (1986) holds that paranoid ideation is a learned behaviour which is modelled and reinforced by significant others. Sue, Capodilupo and Holder (2008) argue that perceived suspiciousness in response to sociocultural contexts of racism may reflect what Grier et al. (1968) termed 'healthy paranoia'. It is argued that suspiciousness serves an adaptive function to protect against the deleterious effects of continued exposure to discrimination (Newhill, 1990). Franklin and Boyd-Franklin (2000) note that cultural mistrust and subsequent vigilance have been critical to the survival of Black men for centuries. Rather than representing psychopathology, Mosley et al. (2016) reported that many of the responses from Black men in their sample signified evidence of resilience, critical consciousness, radical acceptance and protectiveness. Indeed, whilst perceiving discrimination might harm psychological wellbeing it has also been identified as critical for choosing effective coping strategies (Schmitt, Branscombe, Postmes, & Garcia,

2014). Accordingly, Newham (1990) argues that differentiation between functional paranoia and cultural paranoia is essential in minimising the mislabelling of healthy cultural adaption.

1.5.6. Bullying Victimisation and Paranoia

Bullying victimisation is defined as repeated exposure to negative and humiliating actions (Olweus, 1993). Bullies are noted as inflicting harm in a bid to attain power over their victims. In a recent UK survey twenty-five percent of children reported experiencing bullying victimisation during school (Radford, Corral, Bradley, Collishaw, Fisher, 2013). In a meta-analysis, Hawker and Boulton (2000) found strong associations between bullying, depression and low self-esteem. Evidence of the effects of bullying victimisation on adult functioning also include the long-term effects on mistrust (Smith, 1991). Research reveals associations between experiences of victimisation and the propensity for suspicious thinking (Pickering et al., 2008).

1.5.6.1. *Paranoia and Bullying Victimization in Clinical Populations*

The relationship between bullying victimization and psychotic symptoms including paranoia has received empirical attention. Valmaggia et al. (2015) discovered that a history of bullying in people at high risk of psychosis was associated with paranoid ideation in later life. Campbell et al. (2007) reported that bullying was related to paranoid ideation in a clinical sample of adolescents. Metacognitive beliefs about paranoia functioning as a survival strategy were also linked with persecutory beliefs. Students holding negative appraisals pertaining to self or the world were more likely to describe beliefs considered unusual even after controlling for bullying. Employing a prospective cohort design, Kelleher et al. (2013) found a significant dose-response association between exposure to bullying and psychotic experiences including paranoia in a sample of thirteen to sixteen year olds. Following a large meta-analysis', Cunningham, Hoy, & Shannon (2015) concluded that bullying victimization was linked to the later development of psychosis including paranoid beliefs.

Evidence suggests that bullied children are two-to-four times more likely to experience hallucinations, delusions, or paranoia (Fisher et al., 2013). Frequency, severity and duration of bullying has also been reported as a modulating factor in this relationship (Pickering et al, 2008). In a study by Lopes (2013), victims of bullying scored higher on measures of childhood abuse, experiences of threat and subordination from family members, and higher rates of paranoid ideation when compared with controls. Moreover, individuals diagnosed with paranoid schizophrenia reported significantly more experiences of bullying than those diagnosed with social anxiety.

1.5.6.2. *Studies Suggesting a Predisposition for Bullying Victimization*

Several researchers have focused on identifying genetic risk factors between bullying victimisation and paranoia. Employing a twin-study longitudinal design, Arseneault et al. (2011) claimed heritability estimates for bullying victimisation which reportedly attributed thirty-five percent of individual differences to genetic factors (i.e. temperament etc). In a similar study Shakoor et al. (2014) reported that childhood bullying victimisation was most strongly associated with adolescent paranoia. Similarly, the authors proposed that genetic influences might be involved: “there may be inherent genetic predispositions that orientate children’s behaviour and thinking styles in such a way that it makes them jointly vulnerable to being victims of bullies and adopting paranoid thinking styles” (p. 8). Drawing on Social Mentality Theory (Gilbert, 1989), Lopes (2013) postulates that humans adopt genetically wired social roles in accordance with their status. It is charged that exposure to bullying victimisation from parents, peers or colleagues “ignites tendencies for specific defences and styles of thinking” (p. 255). Consistent with social rank theory, children are noted as exhibiting submissive behaviours towards parents to avert rejection reportedly making them prone to bullying. However, studies reporting genetic factors as responsible for bullying victimisation can be viewed as problematic and reductionist due to their obfuscation of social context.

1.5.6.3. *Paranoia, Bullying and Attributional Styles*

Bullying victimisation has also been associated with a negative attributional style in which victims are more likely to view their environments as threatening

(Mezulis, Abramson, Hyde, & Hankin, 2006). Emerging research in the general population indicates that negative schematic beliefs mediate the impact of bullying on childhood mental health (Calvete, 2014). It is theorised that sufferers of childhood victimisation adopt a victim schema which pre-empts social interactions (Garety et al., 2013). It has been surmised that pre-existing negative schemas about others interact with threatening appraisals triggered by bullying, which evoke negative emotion, leading to the emergence of feelings of threat and paranoia (Lopes, 2013). An important mechanism in this process is the construction of social expectations in the form of internalised beliefs concerning self, and the availability of support from others (Bowlby, 1973). Cillessen and Bellmore (1999) describe a dual process in which relationships influence self-perception, and perception of self affects relationships. Shafer et al. (2004) posit that: “being bullied, perceived by victims as the loss of peer support and the development of negative expectations concerning others’ behaviours, will lead to an ‘update’ of social expectations” (p. 380). The research of Shafer et al. (2004) showed an overall effect indicating that victimisation in school may negatively impact an adult’s perceptions of self and relating to others. In the same study, former victims neither expressed a desire for closeness to others, or a preference for less closeness to others. This was used to support the contention that bullying reduces trust in relying on others, as opposed to wanting to avoid people.

1.5.6.4. Limitations in Current Research on Bullying Victimisation and Paranoia

Despite evidence supporting a link between bullying and paranoid ideation, Cunningham et al. (2015) identified several issues arising in the literature. Much of the research has relied on retrospective measures of bullying victimisation including short-term outcomes, negating causal conclusions. Avoiding such shortfalls, Boden, van Stockum, Horwood, & Fergusson (2016) incorporated a thirty-five-year longitudinal design to explore links between bullying and later development of paranoia. Their analysis found an association between bullying, psychotic symptoms, and paranoid ideation. However, associations were greatly reduced after controlling for possible confounding factors. Attentional problems in childhood, anxious avoidant behaviour and, to a lesser degree, childhood sexual abuse, were identified as possible key predictors of symptoms including paranoia in their clinical sample. However, it should be noted that these results reflect

overall psychotic symptomatology and did not isolate paranoid ideation after controlling for confounding factors. Moreover, reference to the study indicates that only a small number of the sample were exposed to high levels of bullying which appears to have reduced the precision of association estimates.

Another critique of studies on clinical populations is that current mental state may contaminate recall in clinical populations. Conversely, Brewin, Andrews and Gotlib (1993) reported that most adults are reasonably accurate in their recollections and that there is little evidence to suggest that emotional state or psychopathology would negatively distort recollections. Given that experiences of paranoia are now commonly conceptualised within a continuum-based paradigm, this highlights the potential benefits of using nonclinical samples. Results from the research of Valmaggia et al. (2015) using a virtual reality experiment indicated that bullying victimisation was related to paranoid ideation in later life, regardless of clinical status.

1.5.6.5. *Protective Factors*

Given that not all bullied people develop a propensity for suspicious or persecutory thinking, a need to explore the determinants of this process has been identified. Research into resiliency suggests school and family may perform protective functions (i.e. parental warmth and positive environments). The potential for social experiences beyond school to counteract the effects bullying has also been explored. Indeed, Schafer et al. (2004) argue that university life can provide a reparative experience due to its low-hierarchical structuring and reduced volume of bullying. Moreover, recent theorising has shifted towards considering personal and contextual factors that might mediate the extent to which perceptions of discrimination might serve self-protective factors (Major, Quinton, & McCoy, 2002). There are currently few qualitative studies exploring these mechanisms.

1.5.7. Religious Discrimination and Paranoia

Rippy and Newman (2006) argue that much of the research on discrimination has neglected other characteristics including religion. Gerstenfeld (2003) describes how distinctions between race, ethnicity and religion are often blurred, particularly

highlighting complexities around the categorisation of Muslims and people from the Indian sub-continent.

Lopes and Jaspal (2015) reported that since the September 11 attacks and London 7/7 bombings, Muslims have experienced varying degrees of Islamophobia from workplace discrimination, vandalism, to shootings and murders (Levin & McDevitt, 2002). Hendricks, Ortiz, Sugie, & Miller (2007) investigated the implications of government and public reactions post-September 11 on Arab American communities. General feelings of anxiety and fear among the sample were identified as cultural trauma. Rippy et al. (2006) reported a statistically significant association between perceived religious discrimination and paranoid ideation in an Asian-American sample. The study found gender differences associated with subclinical paranoia which were attributed to the impact of fear and suspicion targeted at Muslim men. The authors speculated about the potential impact of hypervigilance and selective attention bias for Muslim men who perceive their environment as discriminatory, which could lead to social withdrawal and reinforcement of paranoid cognitive schemas.

1.5.8. Links Between Other Forms of Discrimination and Paranoia

Research exploring associations between discrimination and paranoia reveals a scarcity of studies outside of racism and bullying victimisation. Such a gap is conspicuous given the mistreatment, relative poor life events and subsequent threats to psychological wellbeing experienced by other groups that face discrimination. For example, women encounter several barriers in the workplace (Barreto, Ryan, & Schmitt, 2009). Studies also indicate high prevalence of harassment experienced by women (Brown, 1998) resulting in mistrust, fear, anger, depression, and humiliation (Loy & Stewart, 1984). Moreover, a stronger relationship between perceived discrimination and poor wellbeing was found in women compared to men, as well as lower-social class compared to higher social class. Gay men and lesbians face violence and legal discrimination in many contexts (Herek, Gillis, & Cogan, 1999). Interestingly, in a meta-analysis by Schmitt et al. (2014) racism and sexism produced weaker effects for individual wellbeing than discrimination based on sexual orientation, mental health, physical disability, HIV status, or weight. Chaudoir, Earnshaw, & Andel (2013) concluded

that individuals with non-visible forms of minority identity face worse mental health outcomes as they have less access to social networks. Consequently, there is a need to explore the influence of other forms of discrimination that might mediate trust/mistrust including reparative and protective experiences.

This section has reviewed existing research and theoretical literature exploring paranoia and victimisation. Racism and bullying victimisation appear to represent the weight of research in this area. Limitations in the existing research and areas for future study have been highlighted. The following sections explores research exploring the respective and combined effects of attachment, victimisation and paranoia.

1.6. Attachment, Victimisation and Paranoia

To ensure coverage of relevant literature exploring combined associations between paranoia, attachment and victimisation (i.e. articles evaluating all three), a systematic literature review was performed. The search criteria included peer reviewed papers between 1980 to 2017 and was performed using electronic databases: PsychINFO, PsychArticles; CINAHL Plus and Science Direct. Search terms employed included: paranoia, suspicion, suspiciousness, persecutory delusions, paranoid ideation AND attachment AND victimisation, discrimination, bullying, racism, sexism PsychINFO, PsychArticles, and CINAHL Plus collectively produced 8 articles. Science Direct produced 20 articles. Titles and abstracts of the collected papers were reviewed and articles deemed most relevant to the study were included.

There are few investigations into both the respective and combined influences of attachment and victimisation experiences on paranoia. The most consistent finding from a large cross-sectional study by Sitko et al. (2014) into these variables was that anxious and avoidant attachments mediate the association between neglect and paranoia. Attachment was not found to alter associations between other adverse experiences and paranoia indicating that other

mechanisms explain these associations. However, Sitko et al. (2014) concluded that “a meaningful portion of the variability in symptoms like paranoia was contingent on the co-occurrence of adverse experiences and insecure attachment” (p. 207). Cross-sectional design studies like these can be criticised for employing only brief symptom measures. The authors noted that extensive questioning would have permitted a more qualitative understanding of adverse experiences.

Carvalho, Motta, Pinto-Gouveia, & Peixoto (2015) studied the effects of negative life events in a mixed sample of participants diagnosed with paranoid schizophrenia. Memories characterised by parental antipathy, submissiveness and bullying victimisation were found to be predictors of paranoid ideation in later life. Interestingly, memories of coldness, demandingness and criticism from parents were believed to be more significant than neglect. The authors hypothesised that adverse attachment experiences contribute to the construction of internal models of insecurity and inferiority in which: “others are seen as unavailable or hostile and that the self is seen as incapable and undesirable” (p. 7). It is argued that this stimulates submissive coping strategies which are subsequently carried forward into interactions with peer groups. Dimensions of bullying victimisation associated with paranoia were hypothesised to activate defences, which in turn, triggered memories of parental domination and antipathy. This is somewhat consistent with the qualitative research of Dickson et al. (2016) which found that early experiences characterised by bullying, dominating, and abusive/neglectful family relationships, and experiences of victimisation contribute to later experiences of paranoia. The authors concluded that negative-self-perceptions and negative beliefs emerging as a consequence of earlier adversity represent mediating mechanisms between early interpersonal adversity and paranoia. While these studies offer useful insights into the respective and combined influences of attachment and victimisation experiences on paranoia, only a few types of victimisation have been explored. Moreover, there are a lack of qualitative studies exploring the aforementioned variables in both high and low scorers of paranoia. Such studies might offer useful insight into psychological mechanisms and social processes that mediate trust/mistrust. This

would also allow for the exploration of reparative experiences which is relatively underexplored.

1.7. Students and Paranoia

Researchers subscribing to the dimensional paradigm of paranoia routinely recruit from student populations. Nonetheless, the preponderance of research to date has focussed on adults despite signs of paranoid psychosis commonly appearing in adolescence (Verdoux, & van Os, 2002). Indeed, eighty-nine percent of twelve to sixteen-year olds experienced paranoid thoughts in a Netherlands based study-sample (Wigman et al., 2011). Wigman et al. (2011) deduced that suspiciousness is more common in adolescence than adulthood. It is posited that qualitative research allows for the capturing of rich data, and therefore represents a better strategy for improving our understanding of the mechanisms underlying paranoia. Quantitative-based questionnaire studies are restricted in the degree to which they can capture the richness of participants' experiences. Indeed, the pre-defined nature of items on questionnaires limit the amount and depth of information that can be acquired.

Theories accounting for an interaction between student-life; adolescence and paranoia exist. Harrop and Trower's (2001) research exploring parallels between schizophrenia and characteristics that typically occur during adolescence can be used to conceptualise the high incidence of student paranoia. The authors propose that phenomena observed in 'psychotic disorders' including conflicting family relationships, grandiosity, egocentrism and magical ideation, resemble developmental adolescent phases. It is proposed that perceptual abnormalities (i.e. psychotic experiences) are the consequence of disrupted psychological maturation and 'blocked adolescence'. This is often denoted by problematic relationships with parents, reflecting de-idealisation and the need to individuate.

Research demonstrating high prevalence of paranoia in students of university age (i.e. 18+) also exist. Employing the Paranoia Checklist and the Paranoia Scale (Fenigstein & Vanable, 1992), Freeman et al. (2005) found that over thirty

percent of a large sample of UK based university students regularly experienced paranoid thoughts. A similarly high volume of student paranoia was observed in a study by Ellett et al. (2003). The authors developed the Personal Experience of Paranoia Scale (Ellett et al., 2003) to explore affective, cognitive and behavioural dimensions of paranoid thoughts. Interestingly, the sample used in the research of Ellett et al. (2003) comprised an age range between eighteen to forty-nine which negate claims that higher prevalence of paranoia was explained by participants' young age. Forty-seven percent of students endorsed an item that someone had intended to cause them psychological or physical harm. However, the authors noted that this was a conservative estimate. While these studies provide useful prevalence estimates of paranoid thinking in students, they neglect exploration of mediating factors outside of cognitive, behavioural and affective mechanisms. Accounting for the limitations of questionnaire based research, Allen-Cooks and Ellett (2014) and Startup, Pugh, Cordwell, Kingdon, & Freeman (2015) incorporated qualitative designs to attain a richer account of experiences of paranoia. Among other findings, these studies reported on how individuals manage their experiences. However, until now, there have been no qualitative studies exploring the respective and combined influences of attachment and discrimination experiences for high and low scorers on paranoia in a student population.

1.8. Rationale and Aims

While the experience of paranoia has been heavily researched, the respective and combined influences of attachment and victimisation for high and low scorers on paranoia remain unexplored. Many of the studies in these areas have comprised clinical samples of participants based on broad disorder focused conceptualisations (i.e. paranoid schizophrenia, psychosis etc) as opposed to specifically addressing the discrete experiential construct of paranoia. The existing literature also reveals an agenda towards quantitative methods of inquiry which have largely precluded an investigation into the contextualised subjective experience of paranoia in relation to attachment and victimisation. The majority of these studies have adopted hypothetico-deductive methods (Popper, 1992) to

test whether participants categorised as paranoid score differently to nonparanoid participants on quantitative measures of attachment or discrimination. These studies have also tested whether relationships exist between participants scores on self-report measures of paranoia and attachment, or paranoia and various forms victimisation. Such methods have relied on testing established theoretical frameworks as opposed to constructing new theory. A need to explore potential reparative factors that buffer against the effects of adversity has also been highlighted. Moreover, the relationship between paranoia, attachment and victimisation in nonclinical populations is relatively unexamined. Studies demonstrating a high prevalence of paranoia in student samples appears to warrant further investigation into this area.

The proposed study intends to build on existing research on paranoia by exploring a sample of students' experiences of attachment and victimisation. Participants were selected to take part in a qualitative interview based on their scores on a measure of paranoid ideation (i.e. high scorers and low scorers). The purpose of the study was to generate new ideas about the mediating effects of attachment and victimisation on paranoia. Given the dominance of hypothetico-deductive designed studies, Boyd et al. (2007) highlights a need for the construction of new theory from an experiential perspective. By exploring the perceptions of both high and low scorers on paranoia, the study proposed to elucidate mediators of interpersonal trust/mistrust, and investigate the ingredients of positive change which has thus far been underexplored (Crowell et al., 1995). The study's recruitment of a non-clinical population is intended to reinforce the non-stigmatising dimensional paradigm of paranoia. The increasing popularity of dimensional conceptualisations of paranoia suggests much can be learned about clinical experiences from sub-clinical groups. Increased understanding of the mechanisms underpinning paranoia, fostered through exploration of contributory and reparative experiences might elucidate the effective ingredients for positive therapeutic change for both clinical and subclinical populations.

1.8.1. Research Questions

1. How do people make sense of their perceptions of others and the world in relation to their experiences of attachment/relationships and victimisation?
2. What factors mediate trusting and mistrusting perceptions of others and the world?

CHAPTER TWO: METHODOLOGY

2.1. Chapter Overview

The following chapter details the methodology employed to address the study's central questions. Initial focus is given to outlining the study's design before providing a justification for adopting a critical realist epistemology. An overview of the approach to grounded theory employed is provided including a rationale for its selection. The chapter concludes by introducing the participants, method of data collection, and process of analysis.

2.2. Design

The research utilised a qualitative design within which quantitative measures were used for screening purposes (i.e. to select participants for interview). This comprised two phases. Phase one encompassed recruiting participants via a questionnaire designed to measure the construct of paranoia in clinical and nonclinical populations. Quantitative data measuring for participants' attachment patterns and incidents of discrimination were also incorporated. Reducing a person's experience to a quantifiable construct is questionable and vulnerable to critiques of reductionism; however, incorporating a validated scale of paranoia enabled purposive sampling (Palys, 2008). It also provided a defensible way of selecting participants who were more or less likely to report experiences of paranoia at interview. Employing quantifiable scales also allowed for contextualisation of the study's sample by capturing attachment patterns, rates of discrimination and illustrating the prevalence of paranoia in a sample of university students. This was also intended to add support to the continuum paradigm of paranoia. Students with the lowest and highest paranoia scores were identified as participants for phase two of the study. Phase two involved collecting qualitative data via semi-structured interviews. The researcher adopted semi-

structured interviews as opposed to other methods of qualitative data collection as it permitted detailed exploration of participants' experiences and perceptions.

2.3. Adopting a Qualitative Approach

Adopting a qualitative approach enables for exploration of rich and complex experiences to be elaborated and reflected upon. This approach to investigation also enables reflection of processes, meanings and contextual factors to be explored, whereby theories can be generated to develop a rich understanding as opposed to assuming 'discoveries' are being made (Henwood & Pidgeon, 1992). Accordingly, participants' perceptions of their trust/mistrust of others could be explored in relation to their experience of attachment and victimisation, in sufficient detail that the contexts and processes involved could be elucidated. This might allow for the construction of novel areas of investigation in a subject area that is currently dominated by existing theory.

Ensuring objectivity within the adopted research model is vulnerable to critique given the nature of qualitative research (Denzin & Lincoln, 2005). Indeed, research is always influenced due to the persistent interaction between, participants, researcher and emergent theory (Bulmer, 1979). Accordingly, Starks and Trinidad (2007) advocate remaining cognizant of these challenges during the data collection and analysis process. Indeed, Forshaw (2007) cautions researchers against overlooking how their motives might restrict reflexivity. Accordingly, Gearing (2004) recommends the identifying and 'bracketing' of personal beliefs to minimise over-influencing the acquired data.

2.4. Epistemological Position

The current study subscribes to a critical realist epistemology. This reflects the realist desire to achieve an improved understanding of the world, with the recognition that the information acquired does not represent an unproblematic access to that reality (Willig, 2008). Thus, it is acknowledged that the information acquired from quantitative and qualitative methods in the current study does not

map directly onto reality in an unmediated way (Willig, 2013); however, it is argued that they both say something about participants' experiences. Employing quantitative measures for screening purposes and contextualisation of the sample, and interviews for attaining rich qualitative data on subjective experiences facilitated exploration of the structures and mechanisms of what can be observed and experienced, and was therefore felt to be in keeping with a critical realist position. This stance highlights the significance of social context in the construction of knowledge whilst also maintaining that a reality exists independently of our construction of it (Cromby & Nightingale, 1999). Therefore, paranoia is regarded as a way of perceiving and behaving in the world formed through exchanges with the individual's social environment. The author also views the identified phenomenon's as social constructs, influenced by social, political and historical contexts (Bhaskar, 1989). This is reflected in a qualitative exploration of participants' subjective experiences which are viewed as valid reflections of their realities.

2.5. Grounded Theory

Grounded theory was designed in reaction to the preponderance of established theories in sociological research and was intended to enable the emergence of new theory. The approach originated from symbolic interactionism, which theorises that meaning is negotiated through interactions between people in social processes (Blumer, 1986). Glaser and Strauss (1967) designed the approach when conducting a study into the social processes encompassing the experiences of death and dying. During their investigation, the authors constructed a set of systematic research procedures which enabled progression from a set of specific observations to a theory or theoretical framework. The resulting theory was intended to depict and conceptualise participants' accounts, actions and experiences within a specific context (Tweed & Charmaz, 2012). Willig (2008) notes how generated theory is grounded in the acquired data as opposed to an over-reliance on pre-existing analytical constructs, categories or variables. Accordingly, grounded theory has been conceptualised as an inductive approach in which abstract theories of process, action, or interaction developed

during the interview are grounded in the perspectives of the participants (Creswell, 2009).

Glaser et al. (1967) detailed a set of methods and analytic strategies that bestow the researcher a methodical framework for analysing data. This includes the use of coding procedures which facilitate the development of categories and sub-categories expounding the studied phenomenon. Tweed et al. (2012) describe the process of developing a grounded theory akin to the construction of a pyramid, with the raw data forming the foundation, and focused codes and categories representing less numerous blocks of the pyramid. Codes and categories characterise the data and codes beneath them, and gradually build towards higher levels of abstract categories as the pyramid approaches its peak. The peak of the pyramid is represented by a core category, comprising the codes and categories incorporated within in it, or a theoretical model reflecting the processes in the data. In assisting the construction of theory, grounded theorists employ several strategies including constant comparative analysis, memo writing, and theoretical sampling (see Method: Phase Two for details of how these were incorporated within the current research). Tweed et al. (2012) note how both Glaser et al. (1967) advocated different assumptions underlying the approach which ultimately led them to developing alternative models of grounded theory: “Glaser brought positivist notions of objectivity based upon his quantitative background whereas Strauss took a pragmatist stance, influenced by an interest in action, language, and meaning” (p. 131).

2.5.1. Why Grounded Theory?

As discussed in chapter one, a review of the literature revealed a need to develop new theory founded on an experiential perspective of paranoia, within the context of different experiences of attachment and victimisation. Henwood and Pidgeon (2003) argue that grounded theory is an appropriate research method in areas where existing theories are underdefined or patchy. Given that a central objective of the current study was to generate new ideas about the mediating effects of attachment and discrimination on paranoia, grounded theory was reasoned to be an appropriate methodology to meet this objective. Indeed, it is posited that an exclusive focus on the phenomenological world of participants experiences of

paranoia via Interpretive Phenomenological Analysis (IPA) was not sufficient to achieve the studies objective of developing new theory based on psychological and social processes. Moreover, it was reasoned that Discourse Analysis' attention on discursive practice (i.e. how people employ language to manage in social interactions) or Discursive Resources (i.e. what culturally available discursive resources participants employ when talking about suspicion), would similarly not have achieved the studies primary goals. Finally, taking a more broadly thematic approach via Thematic Analysis would not have met the objective of developing a model of psychological or social processes underlying paranoia.

Tweed et al. (2012) note how grounded theory is a useful approach for specifying situations where the studied phenomenon occurs (i.e. paranoia), whilst also explicating the conditions from which it derived, is maintained, or changes. The aforementioned authors argue that grounded theory has a broader remit than exploration of the individual experience; namely to produce a theoretical framework accounting for social and psychological processes occurring in the phenomenon of interest. Accordingly, the objective of constructed theory is to clarify and explain psychological and social processes and their implications. While discourse analysis or a phenomenological approaches may have permitted exploration of how paranoia is constructed and negotiated through language, or detailed investigation into the subjective experience, employing grounded theory allowed for observation of how the psychological and social processes underlying paranoia, attachment and discrimination are constructed and constrained by the social environments in which they are practiced, which is a central aim of the study (i.e. historical or current attachment experiences, experiences of discrimination, and/or positive or negative relational experiences). Indeed, grounded theory's focus on social and psychological processes affords an exploration of how different situations, experiences and relationships have impacted patterns of behaviour, social exchanges, and interpretations for the high and low scoring participants engaging in the current study. Given that the dominant essentialist paradigms of paranoia focus on the individual, an exploration into the psychological and social processes occurring in experiences of attachment and victimisation in high and low scorers might prevent

individualisation and obscuration of the contexts in which suspicious thinking emerges. Moreover, increased understanding of the psychological mechanisms and social processes underpinning paranoia, fostered through exploration of contributory and reparative experiences, might elucidate the effective ingredients for positive therapeutic change, and contribute towards an explanatory framework for which to understand the phenomenon.

Strauss and Corbin's (1990) interpretation of theory is utilised to inform the current study. The process of theory development is described as the grouping of interrelated categories developed into a theoretical framework of a specific phenomenon.

2.5.2. Chosen Variation of Grounded Theory

Grounded theory can be interpreted and applied in several ways. Willig (2008) notes that debates arise concerning the role of induction, namely: "discovery versus construction, and objectivist versus subjectivist perspectives" (p. 43). However, all variations of this approach share basic principles and procedures. Madill, Jordan and Shirley (2000) explicate several epistemological frameworks under which grounded theory can be employed. These include realism, contextual constructionism, and radical constructionism. To enhance epistemological congruence, the contextualist adaptation of grounded theory described by Madill et al. (2000) is utilised in the current study. As noted by Madill et al. (2000), contextualism allows for the employment of a critical realist position which "grounds discursive accounts in social practices whose underlying logic and structure can, in principle, be discovered" (Parker, 1996, p. 4). This position holds that knowledge is provisional, local and context dependent (Jaeger & Rosnow, 1988). Indeed, Pidgeon and Henwood (1997) note that the construction of knowledge is influenced by several factors including: the perceptions of participants; the interpretations of the researcher; cultural meaning systems; and the scientific community's appraisals of validity. Accordingly, Madill et al. (2000) argue that accounts of both researchers and participants are "imbued with subjectivity" (P. 9), and are therefore not discredited by conflicting viewpoints. Therefore, a contextualist framework attempts to ground data by elucidating

participants' perspectives based on their descriptions (Tindall, 1994). Accordingly, theory is developed from the dataset rather than employing pre-existing models.

The aforementioned tenets are congruent with the current research which is focused on a measure of how relational experiences and contextual factors of both high and low scorers on paranoia influence their perceptions of trust/mistrust in others. Employing the contextual approach also allows for recognition of how meaning is co-constructed between participant and researcher. This is consistent with the current study which contests that meaning is 'constructed' rather than 'discovered'. In recognition of this process of co-construction, the researcher maintained recorded reflections throughout the research process in memos.

2.5.2.1. Abbreviated Grounded Theory

The current study employs Willig's (2008) abbreviated version of grounded theory. In contrast to the full version, this model exclusively focuses on the original dataset. It involves following many of the principles of grounded theory including coding and constant comparative analysis; however, methods of theoretical saturation, theoretical sensitivity, and negative case analysis are only performed within the data being analysed. Willig (2008) notes that the abbreviated version is appropriate for researchers who are unable to broaden and refine the analysis due to time and resource constraints. In recognition of the study's restrictions, the researcher endeavoured to integrate characteristics of the full version including a theoretically informed design (i.e. recruiting high and low scorers via a measure of paranoia scores). However, the researcher was unable to gather new data in line with emerging theory due to time constraints. Nonetheless, slight amendments were made to interview schedules where possible after reviewing each dataset to pursue emerging categories. This occurred during the second interview when the theme of enhanced reflectivity following therapy arose. This included an amendment of the interview schedule to include questions exploring how enhanced reflectivity was achieved.

Given the small sample size, information acquired from the dataset was not intended to generate a universal theory, although it may be possible to identify some grounds for generalising. However, a central objective of the current study is to generate a theoretical account of the relationship between paranoia, attachment and victimisation, grounded in the contextual experiences of this particular sample of university students.

2.6. Method: Phase One

2.6.1. Recruitment

The objective of the research was to explore the psychological and social processes underpinning paranoia in relation to attachment and victimisation experiences in a student sample. In meeting this objective, purposive sampling (Palys, 2008) was employed to identify high and low scorers on a paranoia scale. Participants attending the University of East London were recruited via convenience sampling on campus and via an email canvassing campaign. Participants were approached at a University of East London library and provided with a questionnaire. Individuals completed and returned the questionnaire to the researcher on the same day. Students from other London based universities were recruited via online social networking sites and directed to an online survey. The questionnaire data were used to select high and low scorers on the paranoia scale and gather descriptive statistics in the form of attachment and discrimination scores, therefore, it functioned as a screening tool negating the need to conduct a power analysis. It also allowed for contextualisation of the sample in relation to samples of other studies via descriptive statistics.

2.6.1.1. *Inclusion Criteria*

- Communicates well in English.
- Attending a London-based university (to facilitate ease of recruitment/traveling to interview).
- Aged eighteen years or older to enable comparison with previous studies using university student populations.

2.6.1.2 *Exclusion Criteria*

- Participants attributing experiences of paranoia to drug use as it represents a potential confounding factor.
- Individuals accessing mental health services were initially excluded from phase two of the study, however, the researcher later deemed this exclusion unnecessary (see Appendix I, part B: Approved Amended Ethics Application).

2.6.2. Data Collection

Quantitative data was captured via a questionnaire (Appendix A). Demographic characteristics including participants': age, ethnicity, highest level of education, religious or spiritual affiliations, nationality, and occupation of chief household income provider to enable classification of social economic status; and contact information was collected. Contact information was sought to enable recruitment for stage two of the study; however, the inclusion of contact details was optional and participants were made aware that they were under no obligation to attend an interview if selected for phase two. The questionnaire also included the Green et al. Paranoid Thoughts Scale (GPTS; Green et al., 2008), The Relationship Scale Questionnaire (RSQ, Griffin & Bartholomew, 1994), and The Everyday Discrimination Scale (Williams, Yu, Jackson, & Anderson, 1997). Prior to completing the questionnaire, participants were required to read an information sheet (Appendix B) and sign a consent form (Appendix C).

2.6.2.1. *The Green et al Paranoid Thoughts Scale (2008)*

The GPTS (2008) is a standardised self-report measure of paranoia consisting of two 16-item scales measuring ideas of social reference (Part A) and persecution (Part B) experienced over the previous month. Social referencing concerns beliefs that neutral events have personal significance (i.e. 'I often hear someone referring to me'). Ideas of social persecution concerns specific beliefs regarding being the target of intended physical harm (i.e. 'people have intended to harm me'). The scale has good validity and internal consistency. Cronbach's α values include .95 in a non-clinical sample and .90 in a clinical sample (Green et al, 2008). Scores can range from thirty-two to one-hundred and sixty. Mean scores

from Green et al's (2008) study included: Part A: 26.8 (nonclinical sample) and 46.4 (clinical sample); Part B: 22.1 (nonclinical sample) and 55.4 (clinical sample). The GPTS (2008) was selected over other measures due to its ability to measure paranoia in clinical and nonclinical populations. It also afforded comparisons of both high and low scorers with mean totals obtained from Green et al's (2008) original study and thus the operational definition of high and low scores.

2.6.2.2. *The Relationship Scales Questionnaire (RSQ, Griffin & Bartholomew, 1994)*

The RSQ measures Bartholomew's (1991) four attachment prototypes (i.e. secure, fearful, preoccupied, and dismissing) and the underlying dimensions of anxiety and avoidance. It contains 30 items drawn from Hazan and Shavers' (1987) attachment measure, Bartholomew and Harowitz's (1991) Relationship Questionnaire, and Collin's and Read's (1990) Adult Attachment Scale. Items are rated on a scale ranging from 1 (not at all like me) to 5 (very much like me). Bartholomew recommends using the measure to attain a dimensional scale using Kurdek's (2002) approach to scoring. Accordingly, anxiety and avoidance dimensions were calculated using the methods of Kurdek (2002) which recommends averaging five items for attachment anxiety (questions 11, 18, 21, 23, and 25) and eight items for attachment avoidance (items 10, 12, 13, 15, 20, 24, 29, and 30). Scores for attachment anxiety range from 5-25, and scores for attachment avoidance range from 5-40. Higher scorers represent higher levels of attachment anxiety and avoidance. Cronbach's alphas scores of .77 and .83 were reported by Kurdek (2002) for attachment avoidance and anxiety, respectively.

2.6.2.3. *Everyday Discrimination Scale (Williams, Yackson, & Anderson, 1997)*

The EDS (Williams et al., 1997) is a measure of chronic and routine unfair treatment in everyday life adopted from the Detroit Area Study. It includes nine items measured on a 6-point likert scale. Response options range from 1 (never) to 6 (almost every day). Scorers range from 6-54 with higher scores indicating greater frequency of perceived discrimination. It quantifies items capturing the frequency of the following experiences: being treated with less courtesy than

others, being treated with less respect than others; receiving poorer service than others in restaurants or shops; people acting as if you are not smart; being treated as if they are better than you; people thinking you are dishonest; being called names or insulted; and being threatened or harassed. Participants that answer 'a few times a year' or more frequently to any of the questions were asked to identify the main reason they believe they were discriminated against. Options include: national origin, gender, race, age, religion, height, weight, sexual orientation, and education. Percentage of times each discrimination type was identified is recorded in Table 1. The measure received a Cronbach's alpha score of .88 (Williams et al., 1997).

2.6.3. Participants

One-hundred and sixty-seven participants completed the questionnaire. Six participants attributed their experiences of paranoia to drug use and were subsequently removed from the dataset. Another participant was below the age of eighteen so their data was also excluded. Therefore, the final dataset included one-hundred and sixty participants. There were forty males and one-hundred and twenty females in the dataset at the end of phase one. Thirteen participants had received support from mental health services in the past regarding suspicious thoughts. The average age of participants was twenty-five (S.D.=7.8) with a range of 18-56. Paranoia scores and demographics of the sample are recorded in Table 1.

2.6.3.1. *Student Population*

The one-hundred and sixty participants recruited for the current research account for 0.007 percent of 2,280,830 students registered for higher education study in the UK (HESA, 2016). Sixty-nine percent of the study's sample were undergraduate students which compares to seventy-seven percent of the UK university population (HESA, 2016). Therefore, the thirty-one percent of postgraduate students comprising the current study is more than is representative of the UK population. Moreover, given that fifty-seven percent of the total population of university students are female, the seventy-four percent of females in the current study is substantially higher than is represented in the general student population.

Table 1. Sample Demographics and Paranoia Scores

	Total Sample (n= 160)	Interview Sample: High Scorers (n= 4)	Interview Sample: Low scorers (n= 6)
Age M (SD)	25 (7.8)	27 (9.2)	34 (8.7)
Gender N (%)			
Male	42 (26)	1 (25)	1 (17)
Female	118 (74)	3 (75)	5 (83.0)
Ethnicity N (%)			
White British/ Irish/ Other	102 (63.75)	3 (75.00)	6 (100.00)
White Turkish/ Turkish Cypriot	6 (3.75)	0 (0.00)	0 (0.00)
Asian or Asian British/ Bangladeshi/ Indian/ Pakistani/ Other	13 (8.125)	0 (0.00)	0 (0.00)
Black or Black British/ African/ Caribbean/ Somali/ Other	22 (13.75)	1 (25.00)	0 (0.00)
Mixed White & Asian/ White & Black Caribbean/ Other	8 (5.00)	0 (0.00)	0 (0.00)
Other Ethnic Group	9 (5.625)	0 (0.00)	0 (0.00)
Sexual Orientation N (%)			
Bisexual	16 (10.00)	0 (0.00)	0 (0.00)
Gay or Lesbian	10 (6.25)	0 (0.00)	0 (0.00)
Heterosexual	130 (81.25)	4 (100.00)	6 (100.00)
Prefer not to answer	4 (2.50)	0 (0.00)	0 (0.00)
Level of Study N (%)			
Undergraduate	110 (68.75)	4 (100.00)	1 (16.67)
Postgraduate	50 (31.25)	0 (0.00)	5 (83.33)
Place of Study N (%)			
Birkbeck	1 (.63)	0 (0.00)	0 (0.00)
Brunel University	9 (5.63)	0 (0.00)	0 (0.00)
Imperial College London	20 (12.50)	1 (25.00)	0 (0.00)
King's College London	1 (.63)	0 (0.00)	0 (0.00)
Kingston University	1 (.63)	0 (0.00)	0 (0.00)
London Metropolitan University	3 (1.88)	0 (0.00)	0 (0.00)
London Southbank	1 (.63)	0 (0.00)	0 (0.00)
Middlesex University	12 (7.50)	1 (25.00)	0 (0.00)
Royal Holloway University	2 (1.25)	0 (0.00)	0 (0.00)
Salomons, Canterbury Christ Church University	1 (.63)	0 (0.00)	0 (0.00)
University of East London	99 (61.88)	2 (50.00)	6 (100.00)
University of Roehampton	1 (.63)	0 (0.00)	0 (0.00)
Westminster University	3 (1.88)	0 (0.00)	0 (0.00)

	Total Sample (n= 160)	Interview Sample: High Scorers (n= 4)	Interview Sample: Low scorers (n= 6)
Socio-demographic			
Occupation of Chief Income Provider N (%)			
Higher managerial, administrative or professional	38 (23.75)	2 (50.00)	3 (50.00)
Intermediate managerial, administrative or professional	67 (41.88)	1 (25.00)	3 (50.00)
Not working	4 (2.50)	0 (0.00)	0 (0.00)
Semi skilled or unskilled manual worker	5 (3.13)	1 (25.00)	0 (0.00)
Skilled manual worker	8 (5.00)	0 (0.00)	0 (0.00)
Supervisory or clerical and junior managerial, administrative or professional	9 (5.63)	0 (0.00)	0 (0.00)
Highest Level of Education N (%)			
Further education (A-level or equivalent)	92 (57.50)	4 (100)	1 (16.67)
Secondary school (e.g. GCSE or equivalent)	1 (.63)	0 (0.00)	0 (0.00)
University (e.g. bachelors degree, masters degree)	67 (41.88)	0 (0.00)	5 (83.33)
Paranoia Scale Scores M (SD)			
GPTS-A	32 (12.79)	51.50 (13.43)	18 (1.53)
GPTS-B	25 (11.51)	41.50 (20.07)	16 (0.00)
Total GPTS	56 (22.66)	93.00 (33.04)	34.00
Relationship Scales Questionnaire Scores M (SD)			
Attachment Anxiety	11.41 (4.95)	14.5 (3.57)	11.33 (4.53)
Attachment Avoidance	21.94 (4.86)	25.25 (3.63)	19.5 (2.69)
Everyday Discrimination Scale			
Total Score M (SD)	19.8 (7.76)	28.25 (10.28)	16.5 (2.14)
National Origin (%)	12	37.5	0
Age (%)	20	29.17	33.33
Education (%)	13	4.17	20
Gender (%)	25	29.17	26.67
Height (%)	3	0	0
Race (%)	12	0	6.67
Religion (%)	6	0	0
Sexual Orientation (%)	3	0	0
Weight (%)	6	0	13.33

2.7. Method: Phase Two

2.7.1. Recruitment

Phase two involved recruiting participants whose GPTS scores fell within the sample's highest and lowest range. Recruiting participants at both ends of the paranoia continuum afforded an exploration of how high and low scorers' perceptions of trust/mistrust might differ in terms of reports of their attachment and victimisation experiences. The inclusion of low GPTS scorers was also intended to offer insights into whether they might have had positive relational experiences which had provided some protection against suspicious thinking.

Starting with the highest and lowest scorers on the GPTS, the researcher contacted participants via email until sufficient numbers of high and low scorers had agreed to be interviewed.

2.7.2. Data Collection

Phase two involved facilitation of individual sixty-minute, semi-structured interviews. One-to-one interviews were conducted in private meeting rooms at the University of East London. While a schedule was designed to guide interviews (Appendix D), the researcher endeavoured to follow participants' narratives rather than impose a predetermined script. This included an exploration of how participants made sense of their experiences of attachments/relationships and victimisation in relation to their perceptions of others.

2.7.2.1 *Interview Schedule*

In line with the literature on attachment, the interview started with an exploration of participants' earliest memories. Questions pertained to relationships with caregivers, siblings, and teachers. Time was taken to explore memories of connection, separation and distress, subsequent responses of others, and feelings evoked by these relational experiences. Participants' perceptions of trust/mistrust in respect of the aforementioned experiences were then sought. Focus then turned to participants' memories of school, university, friendships, intimate relationships, and how these experiences influenced their view of others. The final part of the interview

concerned participants' experiences of victimisation/discrimination or privilege based on various personal characteristics, including experiences of bullying, sexism, racism, classism etc. The impact of these experiences on participants' worldviews were then explored. While questions pertaining to personal therapy were not included as part of the interview structure, follow-up questions were included when participants spoke about enhanced reflectivity (i.e. how was this enhanced reflectivity achieved).

2.7.3. Participants

In attempting to recruit the targeted twelve participants for interview, eighty-five individuals were contacted in blocks in accordance to their GTPS scores. Twenty-six of the lowest scorers were contacted until six participants had been recruited. The researcher contacted fifty-nine participants with the highest scores until four agreed to be interviewed. Whilst the study was initially designed to include six higher scorers on the GTPS, the researcher decided to suspend recruitment due to time constraints and concerns that scores might become too low, thereby invalidating comparison between high and low scorers. Participants in the higher scoring paranoia group scored between the 73rd and 99th percentile. Participants in the low paranoia group scored within the 2nd and 16th percentile. The final sample of participants for phase two included 10 participants. The mean age for high scorers was 26.5 (S.D. = 10). The mean age for low scorers was 36 (S.D. = 9.5). High scorers Paul and Gemma were the youngest participants interviewed. The sample included two males and eight females. The sample's demographic details and paranoia scores are recorded in Table 2. Pseudonyms are employed throughout the report to protect participant confidentiality.

2.7.4. Interview and Analysis

Prior to commencing the interview participants were provided with an information sheet (Appendix E) which detailed prevalence of paranoia in the student population, and rationale for the research. Participants were given space to ask questions about the study before signing a consent form (Appendix F).

Table 2. Final Interview Sample (To protect participant confidentiality pseudonyms are used)

Name	Age	Ethnicity	Gender	Social Class Category	Total GTPS Score	Percentile	High or Low Scorer
David	45-49	White-British	Male	HMAP ¹	32	2 nd	Low
Elizabeth	25-29	White-British	Female	IMAP ²	33	6 th	Low
Sarah	30-34	White-British	Female	IMAP	33	6 th	Low
Fiona	40-44	White-Irish	Female	IMAP	34	9 th	Low
Judith	25-29	White-British	Female	HMAP	36	16 th	Low
Emma	20-24	White – any other White Background	Female	HMAP	36	16 th	Low
Katie	30-34	White – any other White Background	Female	SS US ³	64	73 rd	High
Gemma	15-19	White-British	Female	HMAP	76	79 th	High
Paul	15-19	White-British	Male	HMAP	83	85 th	High
Kamry	40-44	Black-African	Female	IMAP	149	99 th	High

Five of the ten participants were studying at postgraduate level (all low scorers) and the other five were studying at undergraduate level (four high scorers and one low scorer). None had ever received support from mental health services for suspicious thoughts

¹ Higher Managerial, Administrative or Professional

² Intermediate managerial, administrative or professional

³ Semi-skilled or unskilled manual worker

2.7.4.1. *Line-By-Line Coding*

Data analysis began with systematic coding of the acquired dataset which is a common feature of all versions of grounded theory. Willig (2008) notes that this is the process in which categories can be identified by attaching descriptive labels for instances of phenomenon. The researcher employed line-by-line coding as it meant that emerging categories were grounded in the data rather than being imposed upon it (Appendix G). Willig (2008) posits that this approach is particularly important for researchers employing the abbreviated version of grounded theory as it compensates for a loss of breadth. The researcher endeavoured to ground the data in the participants' language. Moreover, to facilitate coding that detected processes/sequences and preserved participants' perspectives, gerunds were used (Glaser, 1996).

2.7.4.2. *Focused Coding*

Focused coding represents the second major phase in the coding process. The researcher endeavoured to capture more selective, directive and conceptual codes within the dataset (Appendix G). This allowed for the synthesising of larger segments of data into more meaningful categories. Working at a more analytical and interpretive level meant that the researcher was able to begin theorising about relationships between the data. This led to the formation of four categories and thirteen subcategories.

2.7.4.3. *Constant Comparative Analysis*

Like the full version, abbreviated grounded theory involves constant comparative analysis. Willig (2008) notes that constant comparative analysis ensures that similarities and differences between emerging categories can be identified. Further to identifying common and unifying features of participants' experiences, the researcher focused on differences within categories. This was intended to identify emerging subcategories within the data. In practice this involved comparing and making associations between identified codes within and across transcripts so that emerging theory reflected the richness and diversity of the data. For example, the researcher initially categorised a group of focus codes relating to the process of 'understanding other'. On comparing these codes, it became evident that two variations of 'understanding other' existed including:

Rationalising, Empathising and Contextualising; and Anticipating Threat and Speculating about Others Intentions. These methods of understanding others were subsequently represented in two distinct subcategories to better understand processes that distinguish between how participants made sense of experiences.

2.7.4.4. Negative Case Analysis

Given the time restrictions on the current study, the researcher was unable to actively recruit for instances that contradict emerging theory. However, the design of the study afforded some degree of negative case analysis due to the recruitment of high and low scorers on paranoia. This allowed for emerging theory to be qualified and elaborated upon, adding depth and richness. Following on from the example provided above, high and low scorers appeared to diverge in relation to how they understand others. While low scorers commonly drew on context, high scorers predominantly anticipated threat. However, reference to one high scorer's accounts demonstrated notable exceptions including examples of when they were able to draw on strategies commonly employed by low scorers to understand experiences of adversity. This was used to speculate on contextual factors that may enhance participants' reflectivity and protect against the effects of suspiciousness (i.e. their position on the paranoia continuum, self-directed study, and reparative relational experiences).

2.7.4.5. Theoretical Sensitivity

The researcher solely utilised the original dataset as opposed to engaging in further recruitment. While this meant that theoretical sensitivity, as described in full versions of grounded theory, was not possible, the researcher endeavoured to incorporate characteristics of this approach. This included interacting with the data throughout all phases of analysis by asking questions, making comparisons, searching for parallels, and modifying constructs accordingly. Employing constant comparative analysis and negative case analysis helped develop categories from descriptive to analytic levels.

2.7.4.6. Theoretical Saturation

Willig (2008) suggests that data collection and analysis should ideally continue until new category development and within-category variation have ceased to

emerge. This marked the end of the analysis stage in the current research as the researcher was unable to refine categories further. However, theoretical saturation has been described as a goal rather than reality, as perspective change is always possible (Glaser et al., 1967).

2.7.4.7. Memo-Writing

A written record of theory development was recorded during all phases of data collection and analysis (see examples in Appendix H). This included reflecting on emergent relationships and interactions between higher and lower-level categories. Memos also reflected changes in direction of the analytic process.

2.8. Ethical Considerations

Ethical approval was obtained from the University of East London's School of Psychology Research Ethics Sub-committee (see Appendix I for original and amended approval certificates). NHS ethical approval was not required as the research is not recruiting from a clinical population.

2.8.1. Informed Consent

An information sheet and consent form was provided to participants during both phases of the study (Appendices C, D, F, G). Participants were advised that the study comprised two phases and that they might be invited to attend an interview. However, it was made clear that attendance at interview was optional. They were also informed of their right to withdraw from the study at any stage. Email invitations for stage two advised participants that they were being recruited for stage two to enable qualitative exploration into their experiences of discrimination, early life experiences, feelings of suspicion and relating to others. Following individual interviews participants were debriefed and provided with contact details of organisations from which they could pursue support if needed (Appendix J). None of the interviewed participants requested any further information or asked why they had been invited for interview.

2.8.2. Anonymity and Confidentiality

Participant confidentiality was maintained through the anonymising of all identifiable information. Participants' anonymity was ensured through the assigning of identification numbers. Electronic data was saved on encrypted devices and hardcopy materials were stored in locked cupboards. Confidentiality was not breached; however, the researcher was prepared to follow protocol in the event concerns had arisen relating to the safety of participants or others. This would have been discussed with the Director of Studies, and the participant where possible. Participants were advised of this at the interview stage. The study supervisor was available during interview periods should support have been needed.

Interviews were transcribed by the researcher. Transcripts were anonymised, as were extracts documented in the thesis. They will also be anonymised in any subsequent publications. Some electronic, anonymised copies of transcripts may be stored, securely, for development of future publications.

2.9. Critical Appraisal of Qualitative Research

It has been argued that qualitative research is a process that needs to be rigorous and trustworthy (Hannes, 2011). Critical evaluation of this process involves: "systematically examining research evidence to assess its validity, results and relevance before using it to inform a decision" (Hill & Spittlehouse, 2003). Hannes (2011) criteria for qualitative approaches were drawn upon as a framework throughout the research process. The quality assurance strategies outlined below are revisited and considered in the discussion.

2.9.1. Assessing Credibility

This pertains to whether the representation of the acquired data is reflective of participant's views. Hannes (2011) specifies several evaluation strategies to

evaluate this process including peer debriefing, attention to negative cases, and the use of verbatim quotes.

2.9.2. Assessing Transferability

Transferability concerns the degree to which results can be transferred to other settings. Hannes (2011) notes that appraisal techniques of transferability in qualitative research include: illustrating participants' details to enable evaluation of which groups the research offers valued information to; sample characteristics; contextual background information; and thick descriptions.

2.9.3. Assessing Dependability

This includes whether the research process is traceable and clearly evidenced, particularly concerning the researcher's decisions regarding methods chosen. Evaluation strategies include: peer reviews, and reflexivity to ensure self-critical account of the research process.

2.9.4. Assessing Confirmability

This pertains to whether the research findings are qualitatively confirmable. Hannes (2011) notes that this is studied with reference to the extent to which findings are grounded in the data, and appraisal of the audit trail. Methods of analysis include: evaluating the influence of the researcher on the study, reflexivity, and exploration of the researcher's context.

CHAPTER THREE:

RESULTS

3.1. Chapter Overview

The initial focus of the chapter was given to outlining the quantitative data collected during phase one. Grounded theory generated from the recorded data was then reported. Quotes were provided to illustrate the constructed categories.

3.2. Phase One: Quantitative Results

3.2.1. The Green et al. Paranoid Thoughts Scales (GPTS)

As noted in chapter two, participants were recruited via their scores on the GTPS. Higher scores on this measure denoted higher levels of paranoia. The recorded range of the GPTS is 32-160. The mean overall GPTS score for the overall sample in this study was 56.00 which is slightly higher than the nonclinical sample means of 48.8 recorded in the research of Green et al. (2008) research. The four high scorers that were interviewed in the current study scored an overall mean total GPTS score of 93.00 which is slightly lower than the mean total GPTS score for the clinical sample in the research of Green et al. (2008), which was reported as 101.9. The mean total GTPS scores for the six low-scoring participants interviewed was 34.00. The GPTS scores for the participants in the high scoring group interviewed in the current study ranged from the 73rd to the 99th percentile while the lower scoring group ranged between the 2nd and 16th percentile.

3.3. Phase Two: Grounded Theory

The following section delineates the four core categories and thirteen subcategories constructed during the analysis of the qualitative data (Table 3). Core categories include: Effects of Adversity, Ameliorative Relationships, Understanding Other, and The Examined Life. The constructed categories

appeared to reflect the processes of how participants' perception of others (including issues of trust/mistrust) following positive/adverse attachment and relational experiences, and incidents of victimisation, were mediated through reflective processes.

The core categories and subcategories are explicated and illustrated by supporting interview quotations.

Table 3: Categories and Subcategories

Categories	<i>Effects of Adversity</i>	<i>Ameliorative Relationships</i>	<i>Understanding Others</i>	<i>The Examined Life</i>
Subcategories	<i>Critical/Overprotective Parenting</i> <i>Neglecting/Emotionally Unavailable Parenting</i> <i>Relationship Adversity</i> <i>Bullying Victimisation and Marginalisation</i> <i>Discrimination</i>	<i>Benevolent Relational Experiences</i> <i>Reparative Relational Experiences</i>	<i>Empathising, Rationalising, and Contextualising</i> <i>Anticipating Threat and Speculating About Others Intentions</i>	<i>Therapy and Reflective Reading</i> <i>Time</i> <i>Reflective Relationships</i> <i>Doing things differently</i>

3.4. Core Category 1: Effects of Adversity

This category comprises five subcategories capturing participants' perspectives of adverse events in both the past and the present. Adverse experiences reported included past and present problematic relationships with parents, partners, friends and various experiences of victimisation. Both the experience and meaning attached to adversity represented germane factors distinguishing high and low scorers. The theme of adversity consistently emerged in both the high and low-scoring paranoia groups.

3.4.1. Critical/Overprotective Parenting (2 LS⁴, 2 HS⁵)

Four of the ten participants described early life experiences characterised by critical and/or overprotective parenting. Critical parenting was reflected by punitive, harsh, and corrective behaviours (sometimes including physical reprimands) whereas overprotective parenting was characterised by restrictive, cautious and controlling parental behaviours. This parenting style was reported equally by both high and low scoring paranoia groups. Katie (HS) and Sarah (LS) provide typical examples:

Katie (HS): And the same was with my mother as well who always said, “you are so fat, if I was to be as fat as you I would just run until I lose all the weight”. (p.8)

Sarah (LS): I wasn’t, I guess I wasn’t allowed to do a lot of the things that maybe my friends were allowed to do.... (p.4)

3.4.1.1. *“Be Careful”: Heeded Warnings (2 LS, 1 HS)*

Overzealous and restrictive parenting styles appeared to convey implicit and explicit messages about self and others. Three participants described receiving clear messages from their parents pertaining to either the threat posed by others or perceived social judgements of acceptable behaviour. Differences between low and high scorers emerged in terms of the location of perceived threat. For example, a low-scoring paranoia participant interpreted his mother’s reaction to misconduct as expressing warnings about public perceptions and the impact on their social standing.

David (LS): ...sort of almost like: “don’t bring shame on the family”, and that type of thing...I don’t think that was always explicitly said, but that was the underlying current. (p.4)

Conversely, the high scoring participant recounted her mother’s warning to avoid local children perceived to be troublesome:

⁴ Low Paranoia Scorers

⁵ High Paranoia Scorers

Kamry (HS): she would say “be careful! When you see them on the street, greet them, and then be on your way. Don’t have anything else to do with them”. (p.6)

Parental warnings from low-scorers appeared to foster increased self-awareness. Conversely, the message conveyed to the high scorer appears to encourage externalisation of threat to understand others behaviour. Therefore, it is possible that the subsequent meanings attached to these experiences are incorporated into the individual’s conceptual framework for experiencing the world (i.e. external threat). This cognitive shift may be an important key to understanding paranoia.

3.4.1.2. *“I Just Felt So Cross”: Evoked Emotions (2 LS, 2 HS)*

An equal number of high and low scoring paranoia participants described experiencing a range of adverse emotions in response to either critical or overprotective parental styles. Fear, guilt, and anger were reported by each of the participants in response to warnings from parents regarding personal conduct and threats of parental reprisal. For example:

Kamry (HS): Somehow I was scared of my mum...you don’t know what is going to come. She might give you a smack. (p.1)

David (LS): I think the way I used to feel after those interactions with my parents...I felt a lot of guilt... (p.5)

While the low and high scorers converged in their experience of adverse emotions, a difference emerges in the qualitative nature of this experience. The low scorers described guilt and anger whereas the high scorers described feelings of fear. This finding appears pertinent given that fear is a central feature of the paranoid experience.

3.4.1.3. *“It Still Affects Me”: Effects of Critical/Overprotective Parenting (2 LS, 1 HS)*

Participants from both high and low scoring groups associated present day relational difficulties to aspects of critical or overprotective parenting. Difficulties included challenges faced in intimate relationships (1 HS, 2 LS). Core problems with entering and developing relationships centred around trust and vulnerability

were reported equally by both high and low scorers affected by critical parenting (1HS, 1LS). Another intimacy issue described by both high and low-scoring participants included difficulties ending problematic relationships. One low-scoring participant ascribed this to fears of coping alone, while the high scoring participant described re-enactment of the critical-parent dyad she was previously exposed to:

Katie (HS): It was a bad relationship. I think I behaved the same way in that relationship as I behaved with my mum as a child. I let another person suppress me. (p.5)

3.4.2. Neglecting/Emotionally Unavailable Parenting (3 LS, 2 HS)

Five of the ten participants described experiencing neglecting or emotionally unavailable parental styles. This subcategory was characterised by cold, absent and/or invalidating interactions. No difference emerged between groups in this subcategory. One of the participant's descriptions of parenting (Katie) appeared to convey both a neglecting and critical parent and is thus represented in both this and the previous subcategory. While participants recounted parenting consistent with the above descriptions, there were variations in the experience and perceived effects.

3.4.2.1. *"She Didn't Interact With Us": Lack of Connection (2 LS, 2 HS)*

Both high and low scorers described feeling a poor connection with at least one parent during childhood. This was commonly characterised by a lack of engagement. Fiona (LS) depicted her mother as 'a bit like a housekeeper' and asserted that she 'didn't interact with us'. Katie (HS) and Sarah (LS) both described shallow and directive parental interactions throughout different periods of their childhood:

Katie (HS): we never had the relationship when you sit down with your child, explain things to your child... she just told me to do this, do that. (p. 2)

Perceptions of parental disinterest were noted by all four of the participants in this subcategory (2HS, 2LS). Sarah (LS) qualified this by recounting how her mother had reported that she was 'too young' and 'too selfish' to have children during

Sarah's early childhood. Paul (HS) described a paucity of attention from a young age.

Paul (HS): [mother] didn't care about the toy plane I had made or whatever and didn't really want to engage or play with me. (p. 2)

3.4.2.2. *"Loving? Mum Just Wasn't Interested": Emotional Neglect (2 LS, 2 HS)*

Four participants (2 HS, 2 LS) described experiencing various degrees of emotional neglect from at least one parental figure during childhood. Fiona (LS) and Katie (LS) both described feeling unloved by their mothers. Fiona (LS) noted how her mother 'was a good person' but that 'she didn't love her children' which she attributed to her mother's post-natal depression. Paul (HS) and Emma (LS) described parental figures who struggled to nurture emotionally validating environments in response to distress:

Emma (LS): It was kind of hard for him [father] to get that emotional side up...he was a very rational person...I just started to cry and he couldn't handle that. (p. 2)

There appeared to be variations in participants' responses to emotionally invalidating environments, including attempts to elicit caring responses by Emma (LS) and Paul (HS), and renouncement of parental love by Fiona (LS) and Katie (LS). Fiona (LS) recounted how she consciously decided "I don't need her [mother]". Paul (HS) on the other hand described conscious efforts to evoke parental attention:

Paul (HS): I have another weird memory of just crying, like really crying, intentionally trying to get a reaction... I was in such a mess, I'd dribble on myself everywhere...I was sort of after some sympathy or something which didn't really materialise. (p. 5)

Katie (HS) and Fiona (LS) perceived parental figures as failing to ensure their physical and emotional safety during childhood. Katie (HS) recounts an example of emotional invalidation in response to an incident of sexual exposure:

Katie: We had a neighbour who was very perverted. He was showing me his genitalia and when I was meeting with my mother afterwards...she would just say like okay, okay, shh, shh, don't speak loudly about it. (p. 2)

3.4.2.3. *"I Struggle in Relationships": Effects of Neglecting/Unavailable Parenting (2 LS, 2 HS)*

Four of the ten participants noted that neglecting/unavailable parenting had affected their life in some way. Paul (HS), Fiona (LS), Katie (HS) and Emma (LS) described how their engagement in intimate relationships had been affected:

Fiona (LS): It's made it very difficult for me in terms of romantic relationships...it's very hard for me to open-up in that way. (p. 2)

Participants described a range of strategies employed to manage relationship difficulties. Katie (HS), Fiona (LS) and Paul (HS) all reflected on their avoidance of relationships in a bid to avoid emotional distress. To combat insecurities and trust issues in relationships Emma (LS) described needing repeated reassurance:

Emma (LS): So, I guess since I had that problem with my dad that affects my relationships...I need someone to make me feel secure, so if someone doesn't show me a certain level of appreciation, I start to question myself.

Paul (HS) drew parallels between communication difficulties with his parents and navigating both friendships and relationships:

Paul: I really struggle to talk to my parents now. I don't really discuss what's going on in my life very much and I generally find that when I spend more time with people that that sort of develops. The more I know someone the less I'm willing to share.

3.4.2.4. *Having at Least One Positive Parental Relationship (6 LS, 1 HS)*

Analysis of the data suggested commonalities between high and low scorers in terms of experiences and responses to neglecting/unavailable parenting. However, the constellation of parenting reveals a difference between low and high scorers. Participants' accounts suggest that low scorers had access to at least one emotionally responsive parent during childhood, while this did not appear to be the case for three out of the four high scorers:

Fiona (LS): So my dad is really solid...although he went out to work full time, he also bathed us and read and played with us and my mum was a bit like a housekeeper in those years. (p. 1)

Paul (HS): they [friends] seemed to sort of attach to their parents whereas I didn't. (p. 1)

It could be interpreted that availability of at least one emotionally responsive parent protected low scorers against potentially deleterious effects of neglecting and/or overcritical parenting.

3.4.3. Relationship Adversity (4 LS, 2 HS)

Both high and low-scoring paranoia groups described experiencing some form of adversity in intimate relationships throughout their life. Relationship adversity was characterised by experiences in romantic relationships that caused distress to the participant including violated trust and/or emotional maltreatment.

3.4.3.1. *"I Was Furious That He'd Lied": Violated Trust (3 LS)*

Three low scoring paranoia participants (David, Sarah and Judith) described incidents of trust violation by previous or current partners, including infidelity, dishonesty or deception. Judith (LS) and David (LS) recounted being the victim of partner infidelities in earlier relationships but said that this had not affected their trust in others. While David and Judith were able to frame their experiences in this way, Sarah (LS) described difficulties trusting her current partner after discovering that he had been dishonest about an incident during a break in their relationship:

Sarah: and it turns out it was someone I knew, and someone I would potentially see again in social situations. I was absolutely furious that he'd lied, and I guess since then I don't trust him quite so much. (p. 14)

3.4.3.2. *"I Let Another Person Suppress Me": Emotional Maltreatment (1 LS, 2 HS)*

Three participants described experiencing emotional maltreatment in intimate relationships. Emotional maltreatment was characterised by threatening,

demeaning and/or volatile partner behaviours. High and low scorers Katie (HS) and Emma (LS) both described being subject to critical and demeaning behaviour in at least one intimate relationship, while Sarah reflected on an ex-partner's violent threats following their break-up:

Emma (LS): when someone you love so much tells you that you're shit, this was like the worst experience for me... And he kept doing that. (p. 8)

Sarah: He suddenly turned into this totally different man who was making these horrible threats. I had to report him to the police. (p. 13)

3.4.3.3. *"Can You Ever Really Know Someone": Effects of Relationship Adversity (4 LS, 1 HS)*

Five participants reflected on the effects of relationship adversity. Effects appeared to include negative internal appraisals of self (i.e. I am unworthy), and external expectations of others (i.e. others are untrustworthy). While there were commonalities in participants' appraisals, there were variations in perceived effects. Deleterious effects on self-confidence following demeaning partner behaviours were reported by low paranoia scorer Emma and high paranoia scorer Katie:

Emma (LS): He really destroyed me ... I would say, broke my whole confidence. (p. 7)

Katie (HS): I started to believe okay, maybe I am not smart at all. Maybe I don't even speak English. I just started to believe. (p. 5)

Demeaning and threatening behaviours were also noted as diminishing trust in future relationships by high scorer Katie, and low scorers Sarah and Emma. However, the degree of impact appeared to vary by group. The low scorers described how said behaviours had led them to adapt a cautious/questioning approach in relationships, while the high scorer recounted a sustained period of avoidance of intimate relationships:

Sarah (LS): I don't think I necessarily live my life worrying that people aren't who they say they are but it just makes me wonder that actually, you can think you know someone and they can actually turn around and do something you'd never expect of them. (p. 13)

Katie (HS): I was very confused in relationships. I just thought not to get into a relationship at all because I wasn't sure how I would feel and I had lots of doubts... (p. 10)

The difference between low and high scorers may relate to the earlier premise that lacking at least one emotionally validating attachment figure during childhood may diminish trust. It is possible that the low scorers' (Sarah and Emma) access to a positive parental influence had been incorporated into their conceptual framework for experiencing the world. This may have meant they did not generalise subsequent negative relational experiences. Conversely, the paucity of positive attachment experiences by high scorer Katie may have left her more vulnerable to adopting less trusting appraisals of others following subsequent negative relational experiences.

It appeared that violated trust in the form of partner dishonesty and infidelity did not necessarily lead to mistrust in relationships by low scorers, revealing possible differences between high and low scorers. While Sarah (LS) reflected on a more cautious approach in relationships, David and Judith reported that it had not affected them to the same degree:

Sarah (LS): [I] overthink sometimes about whether people mean what they say they mean, but I think only in relationships. (p. 12)

Judith (LS): If anything it made me want to find that feeling [love], those feelings I had for him, ignoring the fact that he wasn't that trustworthy. (p. 13)

The degree to which low scorers' trust in others had been affected by relationship adversity may indicate that other factors may mediate between partner dishonesty and trust in relationships.

3.4.4. Bullying Victimisation and Marginalisation (2 LS, 4 HS)

Another experience encountered by both high and low scorers included bullying victimisation or incidents of marginalisation by peers and/or family members. Exposure to these experiences was reported to have a range of effects by participants including reduced interpersonal trust and enhanced empathy for others. While experiences of bullying victimisation and marginalisation were

reported by both groups, more high scorers had encountered this experience. Moreover, experiences of marginalisation described by high scorers occurred more recently.

3.4.4.1. *“People Would Leave Me Out”: Feeling Marginalised (2 LS, 2 HS)*

Marginalisation was characterised by excluding behaviours by peers or family members. An equal number of high and low scorers described experiences of exclusion throughout their lives. Marginalisation experiences by siblings and peers were reported by participants and included intentional and/or inadvertent excluding behaviours. These were reported to trigger a range of emotions having subsequent effects on participants’ perceptions of relating to others. High scorer Paul and low scorer Fiona talked about different experiences of inadvertent and intentional marginalisation by siblings:

Paul (HS): we’d always sit down and have supper together but I was sort of – I’d never be able to engage in the conversation because they’d be talking about A-level Maths and I was still in primary school. (p. 1)

Fiona (LS): someone in my year would have a party and she [sister] would be like “you’re not going to this party”... so it would be lots of things to make you feel marginalised. (p. 6)

Exclusion by peers during school was prevalent in descriptions of childhood in the accounts of high scorers Paul and Gemma and low scorer Sarah. Participants described difficulties developing new friendships and remaining included in existing friendship groups:

Gemma (HS): The other girls kind of grouped together, it was quite cliquey so I had to make friends with people in the year above. (p. 5)

Paul (HS): I just didn’t feel comfortable there [previous friendship group] and I just felt slowly pushed out. (p. 9)

These extracts suggest that the extent of marginalisation of a person’s social network might be a significant factor in the development of suspicious thinking. High paranoia scorer Paul described experiences of marginalisation from both family and peers. However, it is also possible that suspicious thinking had

affected Paul's interpretation of interactions with others leading to his withdrawal and subsequent isolation from friends and family.

3.4.4.2. *"I Don't Remember Feeling Quite So Safe": Effects of Marginalisation (2LS, 2HS)*

Exclusion appeared to trigger a range of emotions in both high and low scorers, reportedly affecting how they perceived others. Adverse internal experiences included guilt, worry, and anger:

Sarah: I don't remember feeling quite so safe with friendships... definitely worrying a bit more. (p. 9)

Gemma: I felt guilty because I felt like I had done something wrong and annoyed because I knew that I hadn't done something wrong. (p. 7)

Marginalisation also appeared to have implications for how participants approached future relationships. This included both positive and negative appraisals of being more inclusive and restoring trust. High scorer Gemma described feeling hesitant about developing new friendships. She reported that this served a protective function against being exploited in the future. Conversely, low scorer Fiona described using her experience of being marginalised to ensure others were included:

Fiona (LS): [It's] made me be very inclusive in how I approach things... I'll try and include people, you know, rather than exclude people. (p.6)

Although there were some commonalities in high and low scorers' experiences, there appeared to be differences in terms of the scale of effects. High paranoia scorers Paul and Gemma reported a continued reticence when approaching new relationships whereas this was not the case for low scorers Sarah and Fiona. An alternative formulation of group difference is that the lower scorers' experiences of marginalisation were more recent. Therefore, the high scorers have had more time to restore trust in others.

3.4.4.3. *“You’re So Ugly”: Bullying Victimisation (1 LS, 3 HS)*

Bullying victimisation was described by participants which appeared to be distinct from romantic relationship adversity and was characterised by harassment and/or hostile/demeaning verbal assaults by peers or siblings. Both high and low scoring participants recounted being subject to bullying at some point in their life; however, more high scorers reported this experience. High scorer Katie and low scorer Fiona both reported experiencing verbal abuse by siblings. Two participants also reported being exposed to bullying during childhood by peers:

Katie (HS): He [brother] used to swear at me, call me names and kick my doors. It was very bad times. (p. 6)

Fiona: She [school peer] was really nasty to me and would say things at lunchtime like: “Do you have butter or margarine in your sandwiches? You have butter because you want to be fat.” (p. 12)

High scorer Kamry and low scorer Fiona also recounted experiences of bullying in adulthood. For Fiona this included workplace bullying while for Kamry it involved harassment and bullying by members of her community after refusing to rent a room to someone:

Kamry: All of her relatives that had lived here for years victimised me. They started bullying me and other things. (p. 12)

3.4.4.4. *“I do not know who is who”: Effects of Bullying (1LS, 3HS)*

Only the high scorers described direct effects of bullying victimisation on their current lives whereas the effects on the low scorer appeared to be historical. Direct effects centred on participants’ perceptions of others when approaching new relationships. High scorer Gemma described how her experience of bullying had made her more aware of bullying behaviour in others, while high scorers Katie and Kamry described avoiding new friendships and/or espousing caution:

Kamry: I have to somehow withdrawal from having many friends, especially ones that had been here for years. Because I don’t know who is who. (p. 12)

Katie: I'm very selective with people who I connect to...I definitely don't get in touch with people like my brother. (p. 7)

The context of bullying appeared to represent an important factor in the meaning attached to the experience by participants. High scorer Kamry's reported experience of victimisation by people from her country of origin resulted in avoidance of people from a similar background. High scorer Katie described heightened sensitivity around loud people due to past abuse by her brother:

Katie: I went to work, and my boss was shouting and stuff. She wasn't shouting at me but I felt bad and then after I just mentioned "when you were shouting"... and she was like "I wasn't shouting" and I was thinking yeah, you were. She didn't notice. I still have this feeling. (p. 7)

The effect of bullying victimisation appears to represent a substantial difference between high and low scoring groups. It is possible that bullying victimisation represents an important contributing factor in the experience of suspiciousness for the high scoring participants. Alternatively, the group difference may relate to several other contextual factors. High scorers Gemma, Kamry and Katie's experiences of bullying had been relatively recent. Moreover, Kamry and Katie's experiences as immigrants to the UK and Gemma's young age may be relevant precursors of suspicious thinking.

3.4.5. Experiencing Discrimination (3 LS, 1 HS)

Both high and low-scoring participants described experiencing at least one form of direct discrimination based on a range of characteristics including age, class, ethnicity and gender.

3.4.5.1. *"Go Back to Your Own Country": Racism (2 HS, 0 LS)*

High scorers Kamry and Katie recounted examples of prejudice based on their ethnicity and race; however, there appeared to be differences in the degree and frequency of their exposure to racism. Kamry described encountering repeated explicit racist assaults and employment based discrimination whereas Katie described a single incident of prejudice based on her nationality:

Kamry (HS): you are looking for this job, they will not give it to you because you are Black. Or when you eventually get the job, while you are working, if

there is something to talk to you about, someone, your colleague will tell you, this “negro, Black people, go back to your own country”. (p. 11)

Katie: I had a boss, when we started to work together he didn’t like me. First, he wanted to fire me and then he gave me one week to improve... [he said] “I only met very bad people from [country of Katie’s origin]. And I was thinking wow, I didn’t think that people had discrimination against us but then there it is. (p. 11)

Another potentially significant difference pertains to the exposure to reparative experiences. Katie later described how her colleague’s perception of her had changed after a positive working relationship. Moreover, Kamry was the only Black member interviewed which adds weight to the empirical literature highlighting the contextual effects of racism on suspicious thinking.

3.4.5.2. *“He’s Just Got No Right to Do That”*: Sexual/Gender-Based Harassment (2LS)

Low scorers Elizabeth and Sarah recounted frequent episodes of subjection to sexual harassment. This was characterised by unwanted physical contact and sexually suggestive comments about their physical appearance by men:

Sarah (LS): I’ve had men you know shout things at me on the street which are offensive... one of them shouted out “oh I’d love to be your saddle”. (p. 14/15)

Both low scoring participants noted a high prevalence of this experience and described an emotional impact including feelings of anger (Elizabeth) and wariness (Sarah). Both low scoring participants also stated that their experiences of sexual harassment had negatively affected their appraisals of some men and triggered feelings of vulnerability:

Elizabeth (LS): you’re out somewhere and guys are kind of those big groups of guys, they’re saying stuff to you, it feels quite threatening... It’s probably affected my stereotypes of men.... (p. 13)

Sarah (LS) I guess it makes me, like it makes me wary. I’m quite aware, especially if I’m wearing kind of a short skirt or I’m dressed up for a night out. (p. 15)

While both participants described hypervigilance in emotionally salient settings/situations (i.e. bars, large groups of men), they were able to limit the effects of their negative appraisals, with both low scoring participants drawing on positive relational experiences with male family members (Elizabeth) or contextualising their experiences (e.g. focusing on the contexts in which they occurred) (Sarah).

3.4.5.3. *“I Went to a Private School”: Social Class (2LS)*

Two low-scoring participants described experiences of prejudice based on social class characterised by implicit judgments made by others regarding where they are from, the school they attended and how they spoke:

Elizabeth: I've sometimes been teased for having a double-barrelled surname and for sounding quite posh. (p.16)

David: one of my seven friends now will make the odd jibe about where I come from or, you know, [place of birth] isn't a very nice place to live and all of that. (p.18)

Interestingly, class-based prejudice was not reported to have a negative impact on either of the participants in terms of their self-perception or perception of others, and had been interpreted positively by Elizabeth who identified it as 'affectionate teasing'.

3.5. Core Category 2: Ameliorative Relationships (6LS, 3 HS)

This category comprises two subsections reflecting participants' perspectives on perceived effects of positive relational experiences. It reflects relational experiences with family and friends and includes: benevolent and reparative relationships. Predominantly positive relationship experiences appeared to foster positive perceptions of others as trustworthy. Almost all participants described the experience of at least one ameliorative relationship. However, high and low scorers appeared to differ in the degree to which these experiences had been incorporated into the participants' conceptual frameworks for seeing the world.

3.5.1. Benevolent Relational Experiences (6 LS, 3 HS)

This subcategory was characterised by warm, compassionate and supportive relationships with friends, partners and/or family. Nine participants described at least one benevolent relationship.

3.5.1.1. *“I Learnt it From Them”: Trust Attributed to Parents (2LS, 0HS)*

Low scoring participants Elizabeth and Judith reflected on the development of trusting interpersonal styles. Both participants attributed their positive approach to relationships to good relationships with their parents. Judith (LS) suggested that interpersonal trust was modelled through observing her parental interactions with their friends, while Elizabeth heralded her parents for cultivating a trusting and optimistic attitude towards others:

Judith: they [parents] have very real friendships as in their friends are people that they really like, they do trust... I think I've got from them. (p. 7)

Elizabeth: The way that I grew up and the kind of loving and supportive relationship I had with my parents just made you think that you need to try and find the good in people... (p. 14)

The positive experiences of parenting by low scorers Judith and Elizabeth suggests an inverse reflection of the finding that adverse parental experiences lead to an increased propensity for suspicious thinking. This suggests that both the experience and meaning attached to experiences represent significant factors. It also appears to add empirical support to positive parental experiences serving a protective function against interpersonal mistrust.

3.5.1.2. *“I Assume People Will Be My Friends”: Positive Impact of Friendships (3 LS, 1HS).*

Mostly low-scoring participants appeared to reflect on the effect of positive friendship experiences on their perceptions of others. Elizabeth noted how the closeness and longevity of existing friendships contributed to optimistic expectations of future interactions with others. Low scorer Judith conveyed an optimistic attitude towards developing new friendships, which she attributed to history of positive relationships. Experience of maintaining friendships with

people from different backgrounds also appeared to foster more positive appraisals of difference:

David (LS): I think my friendships have definitely made me more open minded and more accepting of difference and curious about difference. (p.17)

The differences between low and high scorers emerging in this category may be particularly pertinent when considering the high scoring participants' strategies of employing avoidance of social networks.

3.5.2. Reparative Relational Experiences (3 LS, 1 HS)

This subcategory pertained to participants' perceptions of relationships that served a reparative function. Reparative relational experiences were characterised by healing of harm imposed by others and repairing previously problematic relationships. It included relationship experiences that alleviated distress and challenged negative preconceptions regarding mistrust for others. This subcategory suggests the implementation of a new way of looking at the world and was largely represented by low-scorers.

3.5.2.1. *"She Really Helped Me Survive": Healing Relationships (3LS, 1HS)*

Four participants reflected on relationship experiences that were perceived to either alleviate emotional distress, recover trust, or repair previously fractured relationships.

High scorer Katie noted how support and guidance from a friend buoyed her against emotional distress and poor self-esteem. Her friend was described as "really helping me to survive". Low scorer Emma heralded the importance of supportive friendships, highlighting them as serving a protective function against generalising mistrust:

Emma: I experienced an amazing support through my friends...it made me very grateful for the people I have in my life, because I know that I can trust people again. (p.9)

Positive relational experiences also appeared to repair previously problematic relationships. Fiona notes how a positive encounter resolved a sustained period of relationship discord with her mother, reinstating her trust:

Fiona: I ended up staying with them...in that time, my mum behaved like a mum, and I let her behave like a mum, so actually in the last few years my relationship with her has really healed a lot which I think has helped with trust in them.

These findings demonstrate the potential healing function of relationships. It also reveals the implications of high scorers who continue to avoid interacting with others, namely reducing access to positive relational experiences that can challenge negative beliefs about others.

Whereas in previous categories participants largely converged in terms of general experiences, the next categories suggest more substantial differences between high and low scorers.

3.6. Core Category 3: Understanding Others

This category concerns the process of participants understanding the position of others, and appears to encompass a continuum. At one end of the continuum lies participants' attempts to understand others' behaviours, presented through the subcategory: Empathising, Rationalising, and Contextualising. The other end of the continuum includes more negative interpretations of others behaviours and is represented by subcategories: Perceptions of Threat and Speculating About Others Intentions. This seems to represent a substantial difference between high and low scoring participants, who generally reported quite similar adverse experiences. This cognitive style may be an important key to understanding the role of understanding others in suspicious thinking.

3.6.1. "A Story of Multiple Layers": Empathising, Rationalising, and Contextualising (6LS, 1HS)

All of the low scoring participants and only one high scoring participant appeared to adopt more benign interpretations of others' behaviours. This commonly

included the employment of rationalising or contextualising strategies to empathise with and understand others. The adoption of these strategies was evident in all six of the low scorers' reports and only one high scorer's reflection on adverse experiences. Recognition of complexity appeared to be an important factor in allowing participants to empathise with others. This was evident in all low scorers accounts:

David: there's possibly always a story or multiple layers underneath what you're seeing and what you're experiencing. (p. 20)

When reflecting on the experiences of their childhood adversity, five participants contextualised the behaviours of their parents. Participants appeared to reflect on several factors to understand others' behaviour including understanding adverse experiences in their historical context:

Fiona: You know, so, I think that in the seventies, I think that parents didn't really – well my experience of parents – was they didn't think about "how is this impacting on our child?". (p.4)

Low scoring participants Elizabeth, Sarah and Fiona reflected on intergenerational factors to understand their own experiences of undesirable parenting:

Sarah: if her mum [participant's grandmother] had taken a bit more interest in her life, then maybe she would have gone to uni and wouldn't have had kids so young. So she kind of then went the opposite way with me and my sister, older sister, and was very, very over-protective. (p. 4)

Adopting a position of understanding appeared to foster empathy which was employed to understand past adverse experiences by low scoring participants David, Emma, and Fiona. This included connecting with the position of a critical mother and bullying sister:

Fiona: And actually my sister [bully]... it's just that she was this angry little girl, who felt neglected. (p. 4)

David: she [mother] probably was very anxious, understandably... because she'd just lost a baby. But then I think when I came along, then I think I –

the way I frame it – I think the weight of that expectation of my brother was sort of lumped onto me. (p. 1)

Participants appeared to either reflect on the good intentions of the perceived source of adversity (i.e. bully, parent) or contextualise the circumstances of the adverse experience. This process appeared to enable participants to frame adverse experiences in a way that protected relationships (2 LS):

Elizabeth: [friend's name] was just having a bad time with her PhD, she had lots of family stuff going on...I know she's been quite attacking towards me but I appreciate it's not just about me, it's about everything. (p. 12)

Although the majority of participants in this category were low scorers, a high scorer also described this approach to understand others. When reflecting on a difficult childhood, high scorer Katie appeared to contextualise her mother's behaviour:

Katie: I think it started when my mother started to be very bitter about her life because that is probably not how she imagined her life, she's got two children from different fathers, both fathers left her and she had a lot of suffering in her life which my mother couldn't work out. (p. 3)

Understanding this exception through the lens of a continuum view of suspiciousness might offer one explanation. Katie's score on the GTPS was the lowest of the high scorers. It is possible that a person's capacity to empathise and contextualise increase and decrease in line with their position on this continuum. Moreover, given that the construct of paranoia incorporates different features (i.e. social referencing, perceived threat etc), it is possible Katie scored higher on aspects not captured in the above extract.

3.6.2. "I Do Not Know What is at the Back of Their Mind": Anticipating Threat and Speculating About Others' Intentions (4HS, 0LS)

This subcategory included participants' descriptions of perceived threat and was only found in the high scoring group. Kamry (HS), Paul (HS) and Gemma (HS) often attributed malevolent intent when trying to understand others. This approach to understanding others contrasted with the low scoring group who

appeared more open to alternative and benign interpretations of past and present events.

High scorers appeared to exhibit a tendency to speculate negatively about others behaviours in ambiguous situations, as illustrated in the following example:

Kamry: It happened that one day I saw her and it was like she did not see me. And I was like... she is pretending as if she has not seen me. (p.6)

Negative interpretations of others' behaviour appeared to follow discomfort at not having access to people's inner thoughts. To make sense of their experiences high scoring participants commonly speculated on others behaviours. This might be evident in the following extract:

Kamry: if I say hello, and you did not reply to me...I feel probably, they are not happy with me... I don't know what is at the back of their mind... (p.5)

Speculating about others' intentions and remaining vigilant to perceived threat appeared to serve a protective function when developing relationships with others for high scorers Gemma, Paul and Kamry. Gemma reflected on her cautious approach to friendships following past experiences of bullying and marginalisation:

Gemma: So, I can almost make sure that it is not just that they want something...it's about trying to stop the same thing happening again. (p. 7)

Participants also appeared to endorse negative pre-emptive appraisals when interacting in existing friendships:

Paul: I find it much easier when there are few people...the more people there are, then the more likely it is that someone will have heard it before...or will make some sort of snide comment about it... (p. 7)

It is possible that Paul incorporated experiences of childhood marginalisation into his conceptual framework for understanding the world. Should this be the case, Paul may have less tolerance for sarcasm and friendly banter due to sensitivities to perceived slights.

High scorers Kamry and Paul also described a preoccupation with others using information against them characterised by issues with trust and fear of being exposed/humiliated. Paul's concerns centred around being perceived negatively and friends gossiping about him. This led to withdrawal from friendships and eventually a period of social isolation. Kamry's fears of others using information malevolently against her appeared to be triggered by an experience of victimisation. Her accounts also suggest that her anticipation of threat was reinforced by others:

Kamry: People will tell you, be careful what you tell people...here (UK) you don't know, who to tell. And you don't know if he is going to use what you tell him to victimise you. (p.8)

A general sense of society as unsafe was evident in both Paul and Kamry's accounts. Kamry attributed this to an experience of victimisation and a culture of mistrust in the UK, which she contrasted with her country of origin. Paul also described hypervigilance and a general sense of an untrustworthy society:

Paul: When I walk down the street I've noticed that I try and keep looking over my shoulder just to try and keep track of where everyone is in relation to where I am...But you can't keep track of everyone, what everyone knows about everyone else...but I just try and do that constantly... (p.12)

While high scorers' understanding of others was predominantly characterised by perceptions of threat, there was some variation. Katie (HS) appeared able to adopt a contextualising strategy:

Katie: I can't think that people are untrustworthy just because they do something because there must be a reason behind that, why they do things. (p.11)

3.7. Core Category 4: The Examined Life

The Examined Life captures a journey of self-discovery and includes a contextualised account of the person's current perceptions. It reflects the process of understanding self and other and includes how participants arrived at their

current understanding. Several elements appeared to facilitate this process including Therapy, Time, Reflective Relationships, and Doing Things Differently. This category notes changes over time that have improved participants' insight into how past experiences had affected their perceptions of others in the present. Following on from the previous subcategory, which conveyed an awareness of the position of other, this category reflects how this conditioned conceptual framework was achieved. Given that all low scoring participants and only one high-scoring participant appeared to have engaged in this process, the opportunity, or lack thereof, to develop a biographical narrative may be significant.

3.7.1. "I Discovered That Maybe Things Weren't as Healthy as I Thought": Therapy and Reflective Reading (2LS, 1HS)

Only low scoring participants (two) talked about engaging in personal therapy. David (LS) and Fiona (LS) recounted how an exploration of past adverse experiences in therapy had enabled them to understand how adversity had affected their self-perceptions, relationships, and beliefs about others. Both participants reflected positively on this process. It appeared to serve a reparative function in that they were able to reframe their understanding of others. These participants reflected on how therapy had enabled them to employ empathy and context to achieve further insight:

David: In therapy...I discovered that maybe things weren't as healthy as I thought they were... but it's just that they [parents] were doing their best and so I've sort of gone through that being angry stage and now sort of understand why they did what they did. (p. 1)

Fiona: the therapy itself helped me step back...I thought: "Oh, she was a child as well, so she was going through pain. She had her own pain." So I was able to kind of just put it where it belonged... (p. 16)

In addition to understanding the impact of past experiences on self and subsequent perceptions of others, therapy also appeared to help these participants understand current relational difficulties. Low scorer Fiona reflected on discovering how childhood bullying had led to an avoidance of intimate relationships:

Fiona: I learnt that...it's about protecting myself from not just from hurt but potentially being abused...I've been programmed...to be quite a good victim. So, I think it's to do with that...By holding back from relationships, that's how I can protect myself. (p.3)

In addition to personal therapy, David (LS), Fiona (LS) and Katie (HS) also engaged in other methods to aid the reflective process. This included employing self-directed study:

Katie (HS): I think studying psychology helped me a lot to get to know myself, to get to know my relationships, my insecurities and to deal with it. (p. 4)

Katie's (HS) employment of psychological principles might explain the highlighted difference between high and low scorers in the category Understanding Others. Her ability to draw on strategies commonly employed by low scorers (i.e. contextualising past adverse experiences), may have been afforded by engaging in this reflective process.

David also described applying psychological principles learnt from self-directed study to understand intimate relational difficulties:

David: I've read stuff about attachment...I can withdraw [from wife] quite easily. And I, I suppose my theories on that are: I don't sort of want to get engulfed by another woman...the way I was with my mum... (p.10)

3.7.2. "It Took Me a Long Time to Realise": Time (3 LS, 1 HS)

Almost all low scoring participants identified time as an important factor in processing past experiences. Time appeared to allow for a reflective space to think differently about relationships with peers and family members.

Both David (LS) and Emma (LS) described time as an important factor in enabling them to reappraise, reframe and develop a more positive view of others. In a contrasting example, high scorer Katie said that time afforded a more negative re-analysis of her childhood. However, greater time to self-reflect had positive effects on mood and confidence by both Katie (HS), David (LS) and

Emma (LS). It was also reported as leading to greater independence and improved self-confidence (Emma). David (LS), Katie (HS) and Emma (LS) said that time outside of intimate relationships enabled them to break negative intimate relational patterns:

Emma: I'm very happy that I had that time on my own now to realise: "okay, you cannot force someone to be with you"... And I think that's why I try to view every relationship as neutral at the beginning, give them the trust and see what they make out of it. (p.9)

While members of both high and low scoring participants identified time as an important factor in the healing process, other factors likely facilitated this process.

3.7.3. "She Really Helped Me Heal": Reflective Relationships (1HS, 3LS)

High scorer Katie and low scorers David, Emma and Elizabeth talked about the benefits of reflecting on difficult experiences with friends and partners. While there appears to be some conceptual overlap between this subcategory and the subcategory of reparative relationships, there are distinctions. Reflective relationships appeared to represent a metaphorical mirror, allowing participants to connect with emotional distress and generate greater insight into difficulties, whereas reparative relationships might occur without this process. Also, reflective relationships appeared to increase understanding of self and other while this did not necessarily occur in reparative relationships. An example of a reflective relationship is illustrated by high scorer Katie:

Katie (HS): She [friend] motivated me a lot to think about these things... to work out my feelings... I think she had an effect, how I see people and how I feel about myself and feel about other people... (p.13)

In addition to reflecting on how past experiences had affected participants' internal worlds, reflective relationships also appeared to enhance understanding of how the participants were perceived by others. This provided a context to apply corrective behaviours:

Fiona: they [peers] would give you feedback... "Oh, you were being really pushy then" or "You were being this" and I would be like: "Oh", so I was listening to what other people said to modify my behaviour. (p.10)

3.7.4. Doing Things Differently (6LS, 0HS)

The final subcategory reflected participants' accounts of reflecting in-action, comprising strategies employed. It included their recognition of how past experiences and current relational patterns affected participants in their day-to-day lives. Participants referenced reflective strategies employed to counter the effect of negative past experiences including: questioning negative perceptions and recognising problematic relational patterns including their own role in them. Following on from the previous subcategories, which convey the process of developing a new conceptual framework for understanding self and other, this subcategory appeared to reflect how this framework is implemented prospectively. In summary, it represents low scorers' capacity to identify problematic interactions with others, recognise the role they play in them, and apply behavioural change. This subcategory appeared to represent a divergence between high and low scorers, and was only evident in low scorers' accounts.

3.7.4.1. *"Was it Me or Something Else?": Questioning Negative Perceptions (5LS, 0HS)*

Challenging negative beliefs was represented by low-scorers' capacity to question/oppose negative appraisals of self and other. Fostering a detached, reflective and questioning approach to relational difficulties appeared to be endorsed by the low scorers:

Emma: To be able to disconnect yourself from the situation... and fully rationalise it...objectively be able to judge: "was it me or was it something else"? (p. 9)

Participants appeared to recognise how their own perceptions of others might be negatively skewed, and to be able to adjust their approach accordingly:

Fiona: I could recognise that "oh, you're making a mountain out of a molehill here", you know, and pull myself back. (p.16)

The ability to question negative perceptions of self and other appeared to be an important distinguishing factor between the high and low scorers. In the following example, one participant bracketed their negative experiences in intimate relationships to reduce the impact on other relational domains:

Sarah: I think it remains within that...I don't think that's impacted how I trust others that I can think of. I think it's quite specific to that (intimate relationship). (p. 14)

As evident in category: Understanding Others, this appears to represent a departure from some high scorers who described more concrete perceptions of mistrust in others. Low scoring participants appeared to challenge negative perceptions of others, placing them within the context of past adverse experiences:

Fiona: I think it's because I've been out with so many weirdos...he's obviously a different person to the other people that I've dated...and there's no reason for me to think this person is someone who'd take advantage. (p.18)

The above examples demonstrate the ability to particularise as a useful strategy to counter generalising negative perceptions onto others (i.e. 'that was a bad person' as opposed to 'all men are bad').

3.7.4.2. Recognising One's Role in Problematic Relational Patterns and Applying Behavioural Change (3LS, 0HS)

Low scorers David, Fiona and Emma reflected on their role in problematic relational patterns which enabled them to adjust accordingly. David and Fiona noted a tendency to withdraw emotionally in relationships. While recognition of difficulties did not lead to resolution, it appeared to open-up communication, serving a protective function for David's relationship:

David: I can withdraw quite easily...when she [wife] experiences me moving away emotionally, we talk about it. It doesn't always mean that I re-engage but at least we have a common vocabulary we use to sort of describe what's going on. (p. 1)

Fiona (LS) recounted employing transactional analysis to understand her part in problematic relational dynamics and then adjust her approach:

Fiona: he (boss) was always in parental mode, either hyper-critical or nurturing...it was either "I love you" or "you're crap"...I would tend to be in

submissive child or sometimes rebellious... I had to learn to be the adult position and that actually took his power away. (p.15)

This may be particularly pertinent for high scorers caught in problematic relational dynamics that serve to reinforce mistrusting perceptions of others.

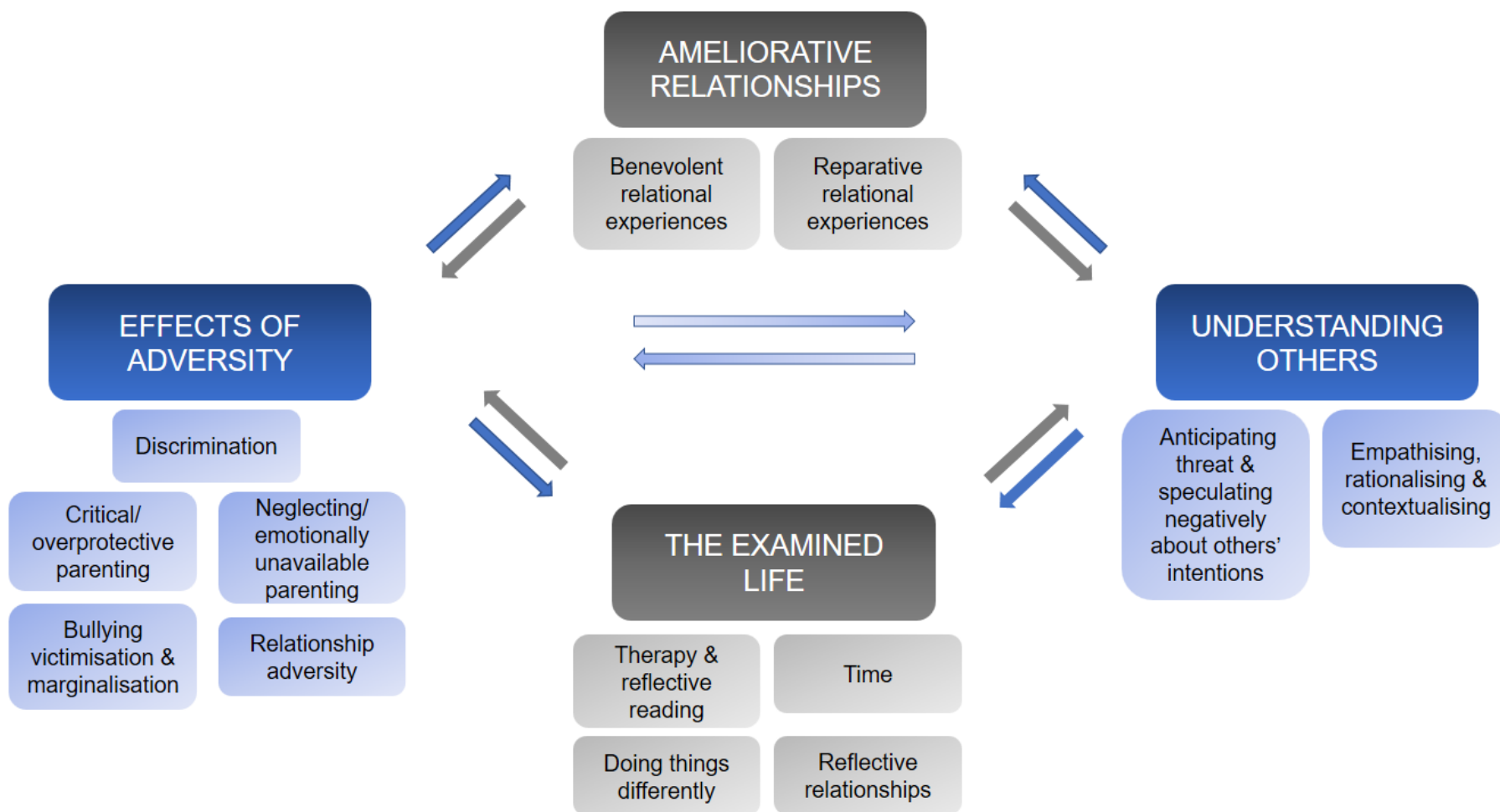
3.8. Theoretical Model of Processes Mediating Trust/Mistrust

A theoretical framework delineating psychological and social processes underlying high and low scorers accounts of trust and mistrust is presented in Figures 1, 2, and 3. Figure 1. elucidates multidirectional relationships between the categories emerging from the analysis. Interactions between multiple types of adversity and several mediating factors, including ameliorative relationships and reflective-enhancing processes (i.e. therapy, reflective relationships, and time) appeared to influence the degree to which participants' understandings of others were characterised by trusting or mistrusting perceptions. Examples of applying the model to trust (Figure 2) and mistrust (Figure 3) are also provided. For example, in summary, Figure 3 illustrates that adversities without exposure to sufficient ameliorative relationships, or elements of The Examined Life, led to mistrust for high scoring participants.

3.8.1. The Effects of Adversity on Understanding Others

While both groups described experiences of adversity in multiple domains, the experiences of high scorers appeared to result in a tendency to anticipate threat and speculate negatively about others' intentions (reflected in the blue arrow directly connecting Effects of Adversity to Understanding Others in Figure 1 and Figure 3). It appeared that high scorers' experiences of adversity forced them into positions of mistrust as an adaptive response to their environment. It is possible that such adaptations influence interactional patterns with others in a way that makes exclusion and mistrust more likely to occur. For example, the adoption of a cautious or guarded interpersonal style may lead to rejecting and/or avoiding responses from others that subsequently reinforce perceptions of mistrust in

Figure 1. Theoretical Model of Processes Mediating Trust/Mistrust



The arrows depicted in Figures 1, 2, and 3 illustrate the direction of travel between categories constructed. For example, the long arrow directly from Effects of Adversity to Understanding Others indicates that participants' perceptions of others (i.e. anticipating threat) can be shaped directly from experiences of adversity (i.e. bullying victimisation). Alternatively, the smaller arrows from Effects of Adversity to Ameliorative Relationships to Understanding Others, indicates that perceptions of others (i.e. empathising, rationalising and contextualising) can be mediated by ameliorative relationships (e.g. reparative relationships). The arrows travelling in the opposite direction (e.g. the long arrow directly from Understanding Others to Effects of Adversity) suggest that participants' strategies for Understanding Others sometimes impacts their view of the Effects of Adversity (i.e. how they now perceive the adverse experience and how it affected them).

Figure 2. Model Applied to Trust

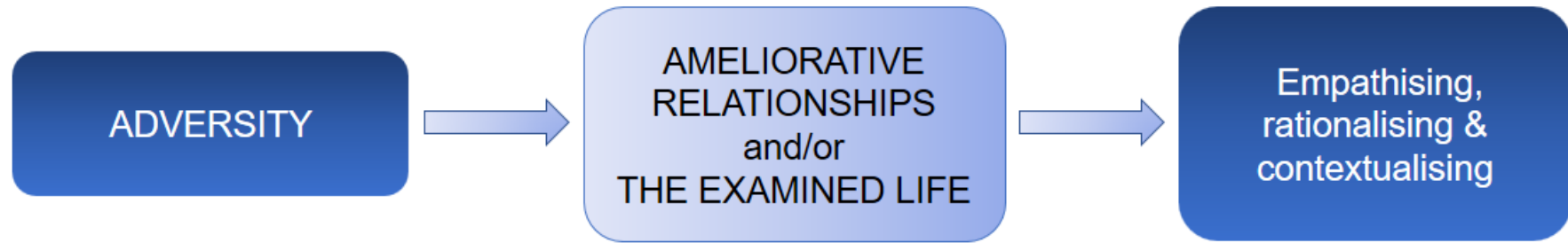
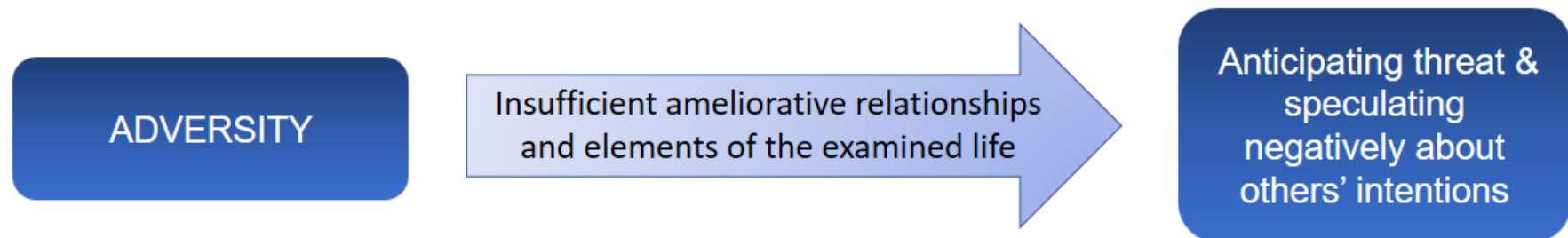


Figure 3. Model Applied to Mistrust



the suspicious person. Consistent with theories of attachment, early developmental contexts that fostered mistrust, including experiences of critical/overprotective parenting and/or negative/emotionally unavailable parenting, negatively impacted high scorers' understanding of others, potentially leading to interactional styles and patterns that resemble earlier attachment relationship experiences. It is understandable that high scorers may come to adopt interactional styles perceived as distant and emotionally guarded in responses to adverse experiences with caregivers. The model reflects how exposure to harsh or cold childhood environments can lead to hypervigilance to threat; while parental overprotection through modelling of suspicious behaviours might lead to the adoption of mistrusting perceptions and behaviours. Another social process possibly accounting for this relationship is that strict family scripts about how to ensure safety in the world, influenced by one's cultural norms, are subsequently employed as a reference point for keeping safe. It is possible that such developmental experiences lead to an enduring legacy of mistrust in others for high scorers, shaped by constructions of people as malevolent and to be avoided. However, formulations that extend beyond the individuals' proximal environment might reveal the conditions under which difficult parental relationships emerged. For example, parents' capacity to provide a secure and emotionally responsive environment may have been impaired by social factors such as financial stressors, workplace demands, poverty etc.

The model also indicates an association between relationship adversity and suspicion. However, variances in effects of relationship adversity on diminished trust suggest that relationship adversity represents a less crucial factor than earlier experiences with caregivers in shaping high scorers' interpersonal mistrust. Nevertheless, the findings indicate that the degree of adversity experienced in the child-caregiver relationship may mediate relationship adversity and mistrust (i.e. a paucity of positive attachment experiences leading to the adoption of less trusting appraisals of others following subsequent relational experiences). Such a finding suggests that high scorers' understanding of self-other are corroborated or refuted during subsequent social interactions (i.e. trust violations reinforcing views that others are untrustworthy).

The theoretical framework also reflects how experiences of marginalisation and bullying victimisation by peers and/or family can foster relational patterns and thinking characterised by anticipation of threat and speculating negatively about others intentions. The social and psychological processes occurring in participants' accounts indicate that environments and experiences under which bullying and marginalisation occur require the person to adopt a cautious/suspicious approach to interactions as a self-protective mechanism (i.e. to ensure they are not victimised again). A pattern in relationships may emerge in which the suspicious person is vigilant to signs of threat. A circular relationship may ensue in which the suspicious person's response to intended or perceived slights, or rejections, are interpreted as odd or defensive by others. This may lead the other person to enact behavioural responses that subsequently reinforce the suspicious person's perceptions that others are rejecting or pose a threat (e.g. they shun the person, or talk about them negatively to others). Such responses from others may generate further feelings of fear, which make the suspicious person more vulnerable to paranoia. Subsequent measures employed to secure safety require individuals to be hypervigilant, mistrustful and avoidant. It is possible that such a sequence of events occurred for participants who reported experiences of marginalisation in the current study.

The findings documenting a relationship between different types of discrimination and mistrust also suggest several social and psychological processes occurring in high scorers' experiences. Kamry's multiple experiences of subjection to overt and implicit racist discrimination suggests that people exposed to this type of adversity need to maintain threat-sensitive, self-protective positions in order to survive in oppressive environments. While experiences of sexual harassment were only reported by low-scorers, this also culminated in increased vigilance in specific settings in a bid to avoid further subjection to threat. Intersectionality might account for the different approach to understanding others by high and low scorers despite both experiencing discrimination, with the social contexts of powerlessness representing a germane factor. Indeed, Kamry and Katie's experiences highlight how being both female and having an immigrant status might intersect to lead to increased feelings of difference, threat and subjugation. Kamry's position as a black female, non-British national, adds a further dimension

to potential feelings of alienation. Moreover, although socio-economic factors were not identified as contributors to high-scorers accounts of suspiciousness, and are therefore not captured in the proposed model, such factors may represent a mediator of mistrust. Indeed, immigrants are more likely to live in areas in which they are exposed to greater crime leading to real threats of victimisation. Therefore, perceptions of their environments as threatening may be born out of material circumstances, and represent useful interactional strategies to maintain safety. The need to persist in managing both feelings of threat and the material circumstances in which such feelings developed, may encourage tendencies to reject or avoid others. As such, the interpersonal contexts of the individual's life may represent the key determinant in the effects of adversity as opposed to the experience itself.

3.8.2. Mediators Between Effects of Adversity and Understanding Others

While both high and low scorers described experiencing multiple forms of life adversity, participants diverged in terms of their approach to understanding others, with low scorers employing strategies of: Empathising, Rationalising, and Contextualising, and high scorers predominantly subscribing to Anticipating Threat, and Speculating Negatively about Others Intentions. Several psychological and social processes appeared to mediate the distinction between low and high scorers approaches to understanding others. These are discussed in detail below.

3.8.2.1 *Ameliorative Relationships and Understanding Others*

As illustrated in the blue arrow connecting Effects of Adversity and Ameliorative Relationships in Figure 1 and Figure 2, participants' approaches to understanding others following experiences of adversity can be influenced by benign and/or reparative relationships. Similar to how negative interpersonal experiences appeared to lead to anticipation of threat, predominantly positive relational experiences appeared to foster perceptions of others as trustworthy and dependable. This is summarised in Figure 2, which illustrates that adversities with exposure to sufficient ameliorating relationships, or elements of The Examined Life, led to trusting perceptions of others for low scorers. This suggests that more trusting interactional patterns can be developed despite adverse early

experiences. Experiences of predominantly trusting interpersonal relationships is likely to lead to exposure to more positive interpersonal experiences. This might contribute to a circular, reinforcing process, in which an open and trusting interpersonal style elicits similar responses in others, thereby, making further positive interactions more likely. Having a positive parental relationship with at least one caregiver during childhood supports theories of attachment which propose that emotionally responsive parenting leads to a positive self-concept and comfort in trusting others, which then increases the potential to experience more trusting interactional patterns. Such feelings may impact positively on family life as the person has more time to bestow and receive love, affection, and reassurance, which might insulate the person against negative feelings and experiences. The experience of positive friendships also appears to allow for the conceptualising of others as potentially trustworthy. This finding indicates the encompassing of a reparative process by challenging previously negative views of others resulting from earlier experiences of interpersonal adversity (as illustrated by the blue and grey bidirectional arrows between Effects of Adversity and Ameliorative Relationships in Figure 1). However, while the experience of benign relationships can lead to trusting perceptions of others, such experiences are not sufficient to guarantee trusting perceptions. Indeed, the majority of both low and high scorers had described at least one positive relationship.

3.8.2.2. The Examined Life and Understanding Others

As illustrated in Figure 1. and Figure 2, low scoring participants' approaches to understanding others following experiences of adversity were often mediated through the reflective enhancing processes captured in core category: The Examined Life (as evidenced in the blue and grey arrows connecting: Effects of Adversity → The Examined Life → Understanding Others in Figure 1. and 2.). These processes led to strategies of understanding others characterised by empathising, rationalising, and contextualising, and appeared to lead to more positively reinforcing interactional patterns. Given that these discrete styles of understanding others represented key divergences between high and low scorers, The Examined Life appears to contain important processes underlying how participants come to trust others, which may indicate useful therapeutic avenues for overcoming suspicion.

Processes occurring in therapy and reflective reading, time, and reflective relationships appear to cultivate a journey of self-discovery, affording a contextualised account of peoples' current perceptions of self and others (as evidenced in the blue and grey bidirectional arrows between: Effects of adversity ↔ The Examined Life ↔ Understanding Others in Figure 1). In accounting for these processes, contextualisation of past experiences of adversity appear to facilitate the construction of a biographical narrative, which subsequently increase a person's insight into how past experiences of adversity may have impacted their perceptions of others, and how interactional patterns with others may reinforce difficulties. This appears to enable people to understand and bracket experiences of adversity in a way that limits their impact on future interactions. This then empowers the person to recognise when perceptions of mistrust are based on responses to the immediate context, or are appraisals purely based on historical experiences of adversity. With these tools, the individual is more likely to be involved in interactional patterns that reinforce positive perceptions of others, and less likely to be involved in interactional patterns that promote thinking characterised by anticipating threat and speculating negatively about others intent.

In addition to enhanced understanding of self, therapy, reflective reading and reflective relationships also appear to cultivate understanding of the position of other. Adopting a position of understanding appears to foster empathy which can then be used to conceptualise and understand past experiences of adversity (i.e. reflecting on the good intentions of the source of adversity) or contextualise the circumstances of the adverse experience (as evidenced in the arrow directing from Understanding Others to Effects of Adversity in Figure 1); for example, the parent who is unable to provide an emotionally responsive environment for their child due to the demands of their environment.

Another salient mediator underlying reflective relationships and therapy include potentially healing/reparative relational aspects. These relational experiences appear to represent a corrective mechanism in which the person is exposed to a positive interactional exchange, thereby, learning that it can be safe to trust

another person. It is hypothesised that time facilitates greater opportunities for these corrective experiences to occur.

Finally, reflective relationships might be conceptualised as a metaphorical mirror allowing for feedback regarding how the person is perceived by others. The person is then able to recognise interactional patterns that foster mistrust and are empowered to act, thereby, breaking negative feedback cycles, which may reinforce negative perceptions of others. While *The Examined Life* revealed potential mediators for trust in low-scorers, several contextual factors would need to be considered when applying these findings to others. As noted, many people will be exposed to conditions that are not adequately addressed by the components of *The Examined Life*. For example, traditional intrapsychic focused therapies do not address social and material conditions that may account for suspiciousness (e.g. poverty, living in neighbourhoods exposed to high rates of crime etc). Moreover, the experiences of fear and anxiety that constitute paranoia commonly lead to avoidance and increased isolation; thereby, providing less opportunities to experience reflective relationships. Interventions for paranoia based on findings from *The Examined Life* would need to take these factors into account.

3.8.3. Summary

This section has outlined the core categories and subcategories constructed from grounded theory analysis and presented a theoretical model accounting for the psychological and social processes of trust/mistrust. The following section explores these findings in relation to other literature in this area and discusses the implications for research and practice.

CHAPTER FOUR: DISCUSSION

4.1. Chapter Overview

This chapter considers the reported results in relation to the original research questions. It references research and theory on paranoia, attachment and victimisation documented in chapter one to explore the significance of the findings. The quality of the research is then evaluated before reflecting on the study's limitations. The chapter concludes by considering implications for clinical populations.

4.2. Discussion of Findings

Four core categories were constructed from the information attained from participant interviews. The categories appeared to capture how participants' perceptions of others (including trust/mistrust) following positive/adverse attachment and relational experiences, and incidents of victimisation were mediated through reflective processes. The categories provide a useful insight into the experiences and processes that distinguish how the high and low scorers perceive others in terms of trust/mistrust.

4.2.1. Effects of Adversity

Members of both high and low scoring paranoia groups generally converged in the type of adverse experiences they described. While there appeared to be no substantial differences between high and low scorers in terms of overall experience of adversity, deeper analysis of the data indicated divergences with regards to degree of adversity and effects on self and perceptions of others.

Almost all participants recounted being exposed to either critical/overprotective parenting and/or neglecting/emotionally unavailable parenting by at least one caregiver during childhood. This sometimes-revealed numerical differences whilst at other times it suggested contextual differences. The reported negative impact

on participants and their perceptions of others might not be unexpected given attachment theory's position that individuals form mental representations of self in relation to other during earlier parental child interactions (Bowlby, 1973). As noted, attachment styles reportedly serve as internal working models, shaping individuals' beliefs with regards to their self-perceptions and perceptions of others (i.e. 'Am I safe? Are others trustworthy?'). While a focus on cognitive processes and internal working models following adverse attachment experiences offers a useful explanation of manifestations at an intrapsychic level, it may obscure factors occurring outside of the immediate proximal environment. It is possible that participants' parents were facing external pressures which reduced their capacity to provide a secure, nurturing environment (e.g. financial pressures, risk of unemployment). It also highlights the potential impact of competing societal demands on parents who are required to appease their employers to ensure material resources for their children, whilst at the same time, meeting the emotional needs of their children.

The reported difference in constellation of parenting indicated a possibly important qualitative difference between high and low scorers. It seemed that access to at least one benign attachment figure may have represented a protective factor against the deleterious effects of adverse parenting on a propensity for suspiciousness. The existing literature reveals precedents in this area. Rankin et al. (2005) reported that less parental care or greater overprotectiveness from *both* father and mother during childhood predicted suspiciousness. Further investigation into the minutiae of respective and combined interactions with both parental figures in isolation might elucidate specific processes that exacerbate and ameliorate suspiciousness. The finding regarding parenting constellation has significant implications for single-parent families. Research indicates that this group are more likely to meet the threshold for low income (Ruggeri & Bird, 2014). This is further confounded for single mothers who are increasingly dependent on their own salaries, which remain lower than men due to discrimination in the labour market. Moreover, research suggests that the financial costs are greater for lone mothers to raise their children when compared to two parent families (Ruggeri et al., 2014). Consequently, it is possible that austerity measures passed by government are

creating conditions that place children at greater risk of experiencing distressing attachment experiences.

The high proportion of high scorers who appeared to lack a positive parental-figure experience adds to the existing research on attachment and paranoia (Gumley et al., 2006). It supports contentions that negative representations about self and other are constructed following negative developmental experiences (Wearden et al., 2008). However, research focused on the specificity of negative attachment experiences might reveal more illuminating results. Macbeth et al. (2008) suggested that the context of attachment styles represent a specific example of the threat orientation. Memories of demanding, critical and overprotective parenting (Valiente et al., 2014), and neglecting parenting (Sitko et al., 2014) have both been noted as strong predictors of paranoia. Critical parenting was identified as leading to paranoia characterised by avoidance coping, while paranoia marked by increased need for reassurance was reported to ensue from neglecting parenting by Trower et al. (1995). Therefore, greater qualitative investigation into the adverse parental styles and experiences described by participants may have revealed more nuanced differences both between and within the high and low scoring groups. To expand understanding of attachment experiences beyond the immediate parent-child-dyad, future research might also benefit from exploring intergenerational factors that contribute to paranoid thinking styles. This might include exploration of family scripts (Bying-Hall, 1985) and the contexts in which they developed. For example, a script relating to the perceived need for an overprotective parenting style may have developed generations ago in response to living in a dangerous or threatening environment (e.g. exposure to poverty and high crime; or living in a war-torn country).

Subtle differences between high and low scorers' reports of relationship adversity appeared in terms of effects on diminished trust. Although the reported differences are only modest, they support further research into the impact of relationship adversity on an increased propensity for paranoia. Wickham et al. (2015) noted that adverse developmental experiences lead to internal working models that promote the anticipation and avoidance of unsatisfactory future

relationships. It is possible that the scarcity of positive attachment experiences of the high scorers conferred a legacy of enduring mistrust which was reinforced by subsequent negative intimate relationship experiences.

A higher proportion of high scorers had encountered marginalisation from friends and peers. Paul's (HS) experiences of exclusion indicated that the pervasiveness of marginalisation might be a significant factor. This appears to support further investigation into the specific effects of family and/or peer marginalisation.

High scorers Paul and Gemma's continued reticence in relationships might support the notion of time and reflective enhancing experiences (i.e. reflective relationships) representing important corrective mechanisms for mistrust given their younger age. This might help explain the higher rates of suspiciousness in some young people (Wigman et al., 2011). The research of Harrop et al. (2001) into perceptual irregularities experienced by people diagnosed with schizophrenia offer one possible explanation for this. Subscribing to this theory, Paul and Gemma's higher scores on interpersonal mistrust might be understood in the context of disrupted psychological maturation and blocked adolescence given that they had less time to individuate from their parents.

The finding that many of the participants had been exposed to bullying victimisation is consistent with surveys demonstrating a high prevalence of this experience (Radford et al., 2013). Bullying victimisation appeared to an important experience reported by more high scorers than and low scorers. This finding has empirical support in the literature which demonstrates a link between bullying and interpersonal mistrust (Campbell et al., 2007). Subscribing to cognitive models of paranoia would suggest that high scorers' experiences of bullying led to negative attributional styles, in which they viewed their environments as more threatening (Mezulis et al., 2006). This is not surprising given that the context of bullying victimisation includes standing out/being singled out for attack. High scorers' continued adoption of caution and/or avoidance in relationships appears to support previous research indicating that bullying victimisation leads to the development of negative schematic beliefs that pre-empt social interactions (Schafer et al., 2004). Social rank theory posits that children exhibit submissive behaviours towards parents to avoid rejection, making them prone to bullying.

This highlights the limitations of interventions that narrowly focus on victims' appraisals of others and neglect systemic factors. The finding that some high scorers had experienced both bullying victimisation and adverse parenting also appears to support the research of Lopes (2013) which notes that existing negative schemas interact with threatening appraisals triggered by bullying, leading to the emergence of threat and paranoia. The fact that both bullying victimisation and adverse parental experiences did not lead to a high GTPS score for Fiona supports the research of Schafer et al. (2001) that social experiences beyond bullying can serve to counteract negative effects of adversity. Fiona noted the positive impact of enhanced reflectivity afforded through reparative relational experiences and therapy.

Both groups reported at least one experience of prejudice based on their race, gender, or class. While based on low numbers, the fact that experiences of racist discrimination were only reported by high scorers supports associations between racism and suspiciousness (Combs et al., 2006). As only one of two participants to experience racism, Kamry's status as the only Black participant also appears to accentuate prejudice based on ethnicity as a significant stressor for suspiciousness. It also supports findings of higher rates of paranoia in Black people living in predominantly White areas (Boydell et al., 2001). Chakraborty and McKenzie (2002) note how experiences like those described by Kamry, in the form of verbal abuse, prejudice and discrimination, in addition to more subtle, frequent, everyday slights, might account for the association between ethnic minority status and suspiciousness. Such results might be explained by the social defeat paradigm which notes how a subordinate status and the cumulative effects of exposure to social adversity contribute to an overreliance on threat-oriented processing (Freeman et al., 2014). In support of Grier et al. (1968), it is argued that Kamry and Katie were forced into defensive, self-protective positions in response to oppressive environments. Therefore, rather than being perceived as a symptom of pathology, it is argued here that suspiciousness reflects a 'healthy paranoia', shielding the high scorers against the effects of continued exposure to discrimination (Newhill, 1990). Whilst healthy paranoia serves a protective function, it may also inherit some negative effects, such as reduced exposure to potentially reparative interpersonal experiences. The adoption of a cautious

approach following a history of oppression also likely results in inequitable access to services. Evidence indicates that ethnic minority groups already have poorer provision of mental health services and report worse outcome and satisfaction following contact with services (Bhal & Olajide, 1999; Bhugre & Bahl, 1999). A potential reluctance to engage in mental health services might not be unexpected given minority groups' subjection to higher rates of coercive psychiatric detainment and treatment. A further implication of this might be that people are not getting access to potentially helpful aspects of services such as talking therapies. An understandable reluctance to engage in services may be particularly pertinent for those who are already socially isolated and do not have access to strong support networks. Research on cultural mistrust in North America demonstrated a preference by African American participants to engage in therapy with same-ethnic group therapists. Accordingly, there is a need for greater service provision to prevent under-utilization of talking therapies for ethnic minority groups (Townes, Chavez-Korell, & Cunningham, 2009). Where this is not possible, clinicians from different ethnic backgrounds to their clients should attend closely to their clients' subjective experiences of racism, social inequality, and oppression, to ensure an oppressive system is not re-enacted (Holly, 2011).

Given the reported high rates of paranoia among non-white males, people from this demographic represented a notable absence in the current study. One explanation is that social conditions made this group of participants less likely to volunteer for the study. As noted by Cromby et al. (2011): "In a gendered, racially discriminatory society, being both male and non-white is likely to be associated with relational dynamics characterized...by suspicion, mistrust, vigilance, apprehension and anxiety" (p. 350). The same authors note how normative expectations around gender roles and racial prejudice may be interpreted differently. For example, experiences of fear related to urban environments might be perceived as streetwise for young men living in threatening environments (Edley & Wetherell, 1995). Moreover, in contrast to explicatory frameworks that focus on intrapsychic processes, Kamry and Katie's experiences might be more appropriately understood in the context of intersecting social factors. In addition to being subjected to racist discrimination, these participants also identified as immigrants to the UK. In addition, to the adversity described by Katie and Kamry,

research suggests that immigrants are more likely to face material deprivation (Raphael, 2017). These factors combined may reveal important contextual factors that distinguish their experiences of victimisation from those that did not score as highly on the GTPS. Indeed, other studies have demonstrated an association between paranoia, immigration and low socioeconomic status (Kendler, 1982), and paranoia, victimisation, and stressful life events (Johns et al., 2004). Ross et al. (2001) argue that disadvantaged groups are typically exposed to geographical areas that face increased threat of violence, burglary, damage to property, visible gang activity, drug use, and other conditions that generally promote overt mistrust.

Sexual harassment was reported by several of the low scoring participants. This finding is in keeping with research reporting high prevalence of harassment and victimisation experienced by women (Brown, 1998). The heightened vigilance and wariness described by participants exposed to sexual harassment in this study is in keeping with Brown (1998) who found that women tended to avoid specific environments associated with threat of harassment (e.g. town centres). However, low scorers drew on contrasting/positive relationships with males to prevent from generalising mistrust. This might support reparative relationship experiences serving as a protective factor against suspiciousness. While sexual harassment was not reported as a factor in high scorers' experiences of suspiciousness, further investigation may be warranted given the range of psychological effects identified in previous studies, including mistrust, fear, anger, depression, and humiliation (Loy et al., 1984). Moreover, while there may be no direct correlations between sexual abuse and paranoia, Cromby et al. (2009) argue that the toxic consequences of this act may be compounded for those exposed to cooccurring social inequalities. Indeed, Nightingale and Cromby (2002) posit that lower-socioeconomic status likely results in more sustained, frequent, and prolonged exposure to abusers due to fewer opportunities to escape the environment.

The lack of reported effect of social class prejudice in high scorers in the current study did not appear to be in keeping with the research of Mirowsky et al. (1983) research on social inequality. However, it should be noted that high scorers who

did not agree to be interviewed categorised themselves as working class. It is possible that they were exposed to conditions more in keeping with those described by Mirowsky et al. (1983). Given participants' reports of discrimination, it is likely that the social context and associated appraisals of sexual and class-based discrimination are what makes the experience germane. The wider literature in this area indicates that paranoid beliefs arise in the context of powerlessness. The research of Mirowsky et al. in El Paso and Juarez found that external belief in control correlated with low socioeconomic status and being female. Low self-esteem and perceptions of others as powerful have also been noted as mediators of insecurity and suspiciousness in other studies (Berry et al., 2006). Accordingly, it may be that participants describing these experiences had access to resources and/reparative experiences that meant they were not as pervasively disempowered.

4.2.2. Ameliorative Relationships

The degree to which positive relational experiences had been incorporated into participants' conceptual frameworks was attributed to positive attachment experiences (i.e. learning to trust from parents). This appears to support the notion that positive parental experiences may protect people from developing mistrust in others (Macbeth et al., 2008). Attachment theory notes that caregivers who respond sensitively to distress help construct a secure attachment style, characterised by a positive self-image and comfort with forming relationships. The positive impact of friendships on trust may be particularly pertinent when considering high scorers' avoidance of developing new friendships due to anticipation of threat. This has precedence in a study by Meins et al. (2008) who found that individuals who scored high on a measure of peer attachment anxiety scored higher on measures of paranoia. Stopa et al. (2013) charges that avoidance may in turn prevent disconfirmation of maladaptive beliefs underlying paranoia. In addition to reinforcing the experience of suspiciousness, high scoring participants may also have reduced access to reparative experiences. Several participants identified the healing/repairing effects of friendships which in some cases helped challenge their perceptions of mistrust. The implementation of a new way of looking at the world following reparative experiences was predominantly reported by low-scorers. This appears to support the research of Pearson et al. (1994)

which suggested that supportive relationships can lead to the revision of internal working models. Previous research by Fett et al. (2016) reporting that participants could override suspiciousness by learning from a trustworthy partner adds further weight to this contention.

4.2.3. Understanding Others

High and low scorers appeared to employ different strategies when trying to understand others. Low scorers' ability to contextualise past adverse experiences by reflecting on the good intentions of others, and/or considering the circumstances that led to others part in adverse experiences, might be indicative of mechanisms underlying trust/mistrust. Conversely, high scorers' thinking, reflected by anticipation of threat and/or negatively reflecting on the intentions of others, suggests that previous adverse experiences had been internalised into participants' conceptual frameworks for understanding others. A focus on intentions as opposed to circumstances appears to play a part in this process, which can be formulated within the actor-observer bias (Jones & Nisbett 1971). It seems likely that enhancing high scorers' ability to draw on context to combat future experiences of adversity might leave them less vulnerable to distressing interpretations based on perceived malevolent intentions of others.

The distinction between high and low scorers in terms of inferring benign or malevolent intent in others has precedents in the literature. Freeman (2014) found that people high in paranoia are more likely to perceive malintent in others when in neutral situations which was linked to low self-esteem. The current study did not explore this construct; however, lowered self-esteem among high scorers might not be unexpected given their respective experiences of adversity.

Carvalho et al. (2015) described how such experiences contribute to internal working models in which others are viewed as hostile while the self is perceived as deficient.

High scorers' accounts of anticipating threat and ascribing adverse experiences to others is consistent with literature denoting cognitive mechanisms underpinning paranoia. The premise of Bentall et al. (2012) that victimisation experiences lead to the development of negative schematic beliefs about self and

others explains high scorers' tendency to view the world through the lens of threat anticipation. Given the literature linking suspiciousness, anxiety and intolerance of uncertainty (Freeman, 2006), high scorers' hypervigilance to threat and pre-empting negative responses might reflect a strategy to obtain control/certainty in ambiguous situations. This may be an important key to understanding suspicious thinking as fear of uncertainty appears to encourage acceptance of the first explanation that becomes available. Unfortunately, high scorers' endeavours to attain safety appear to have come at the cost of remaining hypervigilant, mistrustful, and avoidant (Macbeth et al., 2008). It is possible that this has led to behaviours that reinforce negative interpretations of people's behaviour. Subcategory Doing Things Differently suggested that the ability to recognise one's part in problematic interactional patterns empowered them to apply corrective behaviours. While the above delineates factors that maintain paranoia, it neglects an account of how others actions are complicit in the paranoid interaction (Harper, 2004). Indeed, Lemert (1962) notes that a stance focused purely on the individual overlooks how people experiencing suspiciousness are subject to responses from others that could be viewed as marginalising. Indeed, it is argued that while the person reacts differently to his social environment, others react differently to him. This reaction involves organised action and conspiratorial behaviour. For example, Paul described growing increasingly anxious around his friends due to concerns that they might gossip about or talk about him when he was not there. He also said that he felt slowly pushed out by his friendship group leading to social isolation. It is very possible that Paul's feelings of anxiety affected his behaviours around his friends, and that they responded to his behaviour by marginalising him from the group. Lamert (1962) argues that this means that the person often inherits the status of a stranger on trial in each group he enters, further reinforcing feelings of suspiciousness.

Negative interpretations of others' behaviours appeared to be associated with discomfort at not having access to others' inner thoughts. Difficulties inferring mental states in others and ascribing malintent based on a paucity of supporting evidence is in keeping with Theory of Mind (TOM; Firth, 1994) and Jumping to Conclusion models of suspiciousness. Supporters of the TOM hypothesis hold

that people high in suspiciousness infer malevolent intentions in others due to an inability to extrapolate mental states.

While cognitive theories might offer useful avenues for individual change, a limited focus on cognitive processes can be criticised for obscuring social structural influences (Smail, 1993). Indeed, the inclusion of cognitive factors in the current study reflects a dominance of cognitive terminology in this area of research. Although the current study has highlighted some of the social contexts in which paranoia appears to emerge, the primary focus has been on interpersonal determinants, and therefore, societal and structural influences have largely remained unexplored. One explanation for this might be that such factors did not emerge during participant interviews. However, a more plausible account is that a sole focus on interpersonal and relational experiences of attachment and victimisation, including how these have impacted participants views of others, has concealed more macro level contributors to paranoia, such as social inequalities (e.g. poverty; crime; inequitable access to education etc). This might be explained by Boyle's (2011) assertion that clinical psychology commonly struggles in addressing the social factors contributing to distress. Indeed, Hagan and Smail (1997) criticise clinical psychology for its focus on emphasising the capacity to change through intrapsychic processes, such as increased insight in psychodynamic therapy, or attitude change in cognitive therapy. The same authors argue that psychology's continued focus on individuals' proximal worlds comes at the expense of revealing damaging social forces. For example, morbidity patterns indicate that mental health services predominantly work with members of lower social class, and a disproportionately higher number of service-users from ethnic minority groups (Hagan et al., 1997). Lower class is also associated with a range of psychological disorders (Goldberg & Huxley, 1992). Unemployment and job loss have also been shown to adversely affect mental health (Dew, Penkower, & Bromet, 1991). Moreover, studies have demonstrated that people scoring higher in distress are also those with more demands on them, and less resources with which to manage (Hagan & Green, 1994). Hagan et al. (1997) also note that members of disadvantaged groups are likely to be exposed to oppressive social forces that lead to psychological distress, such as class, poverty, homelessness, and hunger. Among those most

affected include women, people with a physical disability, the unemployed, and lower social class members. While these studies are not specific or limited to paranoia, it makes intuitive sense that such social adversity and powerlessness might be implicated in suspicious thinking. Moreover, Cromby and Harper (2009) argue that epidemiological research demonstrates that paranoia is unmistakably related to social and material conditions. It is possible that such societal and structural factors might be relevant for participants in the current study; however, the study's primary focus on the interpersonal experiences meant that oppressive societal and structural factors were underexplored.

Kamry and Paul's general sense of an unsafe society was characterised by anticipation of threat from others. An association between mistrust and their respective experiences of marginalisation and victimisation has support in the literature. The research of Mosley et al. (2016) demonstrating the pervasive effects of living in environments that promote cynicism and suspiciousness as a means of survival might offer a less pathologizing conceptualising of these high scorers' experiences. The argument of Grier et al. (1968), that suspiciousness in response to sociocultural contexts may represent 'healthy paranoia', offers an alternative conceptualisation of high scorers' perceptions. As noted, sociological research demonstrates links between paranoia and factors that include: victimisation, exploitation, low economic status, and widespread neighbourhood disorder (Mirowsky & Ross, 1983; Ross et al., 2001). Indeed, studies demonstrating a sharp decline in social trust among a high proportion of the populace suggest that perceptions of an unsafe society are not uncommon (Hill, 2000). Moreover, Cromby et al. (2011) note how relational dynamics, and material social circumstance serve to exacerbate each other. Increased crowdedness, smaller residences, greater need for financial interdependency, and limited opportunities and resources leads to the paranoid thoughts and relational dynamics being experienced more strongly.

While the general findings were in support of differences between how high and low scorers understand others, Katie's (HS) employment of these strategies suggests that there might be more nuanced explicating factors involved. The Examined Life offers several ideas.

4.2.4. The Examined Life

While the previous core category conveyed attempts to understand others, The Examined Life reflects participants' journeys to this conceptual framework. Exploration of adversity through reflectivity-enhancing processes appeared to enable participants to draw on contextual factors to reconceptualise past experiences. This appeared to serve a reparative function by facilitating enhanced insight into the impact of adversities on self-perceptions, relationships, and beliefs about others. This might be particularly pertinent for high scorers on paranoia whose reduced awareness appeared to promote reliance on less helpful interpretive frameworks. Personal therapy may represent a useful avenue for those high in suspiciousness. The literature on experiential avoidance suggests that an unwillingness to explore difficult inner experiences serves to maintain/exacerbate paranoia (Castilhoa et al., 2016). Bowlby's (1988) contention that psychotherapy offers a reparative attachment experience may offer a promising avenue given the link between negative attachment experiences and paranoia. Therapy that addresses problematic attachment experiences may be helpful for adjusting internal working models that are hypervigilant to threat. The effects of different adverse attachment and relational experiences reported in this study adds to research elucidating how attachment representations might be organised and modified (Cook, 2001). While therapy may have reflected a useful experience for some of the low scorers in the current study, the literature suggests this finding may not translate to all groups. Indeed, Hagan et al. (1997) argue that therapy has long been recognised as an effective option for the well-resourced (i.e. more formally educated middle class clients). Conversely, less privileged and more disadvantaged groups have traditionally found it less effective. Hagan et al. (1997) argue that: "It is not so much that these clients understand, appreciate or resonate more harmoniously with the therapy offered them, but that they have available to them powers and resources which make it possible for them to operate on their proximal environment" (p. 263).

Valued insight raising processes also appeared to be afforded by engaging in self-directed study. This likely involves similar reparative processes as personal therapy. In facilitating the contextualisation of past experiences of adversity, it is possible that participants' use of reading materials facilitated the construction of

an autobiographical narrative, helping participants to understand and bracket experiences of adversity. This may represent a useful alternative for people high in paranoia whose mistrust makes it difficult to engage with others. Future research focusing on the reparative mechanisms of self-directed learning might offer useful insights into this process.

Time also appeared to represent an important mechanism in trusting others. A possible explanation for this is that time facilitates a reflective space for individuals to process and understand past experiences of adversity. Another potentially germane aspect of time is that it allows for exposure to experiences that contradict negative perceptions of others. This might include exposure to a variety of relationships that help people reevaluate perceptions of mistrust including relationships of difference. Given the noted lack of clarity on the flexibility of internal working models (Berry et al., 2007), this represents an intriguing area for future research. Considering the link between suspicion and adverse parental experiences, it is also possible that time away from problematic interactional familial dynamics allows individuals to individuate (Harrop et al., 2001) and develop new ways of relating with others. The evidence base revealing higher levels of paranoia in younger people might add weight to this contention given that this population will likely have had less exposure to paranoia-disqualifying life experiences to draw upon.

Another finding concerned reflective relationships which appeared to offer a reparative function, enabling participants to connect with emotional distress and generate greater insight into their difficulties. Greater understanding of the factors that characterise reflective relationships might elucidate mechanisms underlying this reparative experience. It is possible that they work via similar processes to therapy. This might include a dual process comprising: 1) the construction of a biological narrative, placing adverse experiences in the context of participants' lives; and 2) a reparative/healing relational experience that contradicts perceptions of others as untrustworthy. It shares similarities with the findings of Shafer et al. (2004) on bullying and paranoia, in which experiences led to updates on social expectations of others. An enhanced understanding of the

mechanisms underpinning this process could be used to facilitate existing social support networks to be more reflective.

Reflective relationships also provided some low scorers with a metaphorical mirror, providing useful feedback regarding how they are perceived by others. This appears pertinent given studies indicating that avoidant coping strategies lead to negative reactions from others and increase alienation (Gumley, 2010).

4.3. Critical Review and Research Evaluation

Hannes (2011) evaluative criteria for qualitative research was incorporated throughout the study to maintain quality.

4.3.1. Assessing Credibility

Credibility concerns representation of the acquired data and whether it reflects the interviewed participants' views. To demonstrate closeness of fit between participants' accounts and constructed categories, verbatim quotes were consistently provided. Line-by-line coding was employed to ensure developed categories closely fitted the data. Efforts were made to incorporate participants' own words. When interacting with the data, constant comparative analysis was performed to ensure clear connections between levels of abstraction, and that constructed categories closely represented participants accounts. This included attention to negative cases. For example, in core category Understanding Others, a verbatim quote by Katie was provided to demonstrate a contrasting example in which a high scorer had employed a strategy commonly used by low scorers.

4.3.2. Assessing Transferability

As discussed in chapter two, transferability pertains to whether research findings can be extrapolated to other settings. To ensure transferability, various sample characteristics were recorded in chapter two (i.e. participants age, ethnicity, gender and level of study). Given that the research was exploring experiences of adversity including adverse attachment experiences and victimisation, various contextual background information was also described in chapters three and four. For example, Kamry and Katie's status as immigrants to the UK were explored in

relation to their experiences of discrimination. This was intended to ensure thick descriptions of participants' experiences that considered contextual factors.

4.3.3. Assessing Dependability

In chapter two, the importance of ensuring the research process is traceable and clearly evidenced was noted. Accordingly, methods of data collection and analysis were described. This was intended to comply with transparency criterion and demonstrate how the grounded theory was constructed. To ensure compliance with the chosen method of analysis, the researcher collaborated with a supervisor proficient in grounded theory. The researcher's use of this method was also guided by various reading materials (i.e. Willig, 2008). Memo-writing was employed to support reflection and capture the construction of grounded theory research competences. Memo-writing also allowed for justification of how the categories were chosen and linked together.

4.3.4. Assessing Confirmability

Assessing confirmability pertains to whether the research findings are qualitatively confirmable. Methods of analysis noted by Hannes (2011) include assessing the influence of the researcher on the study. Reflection on the researcher's context was recorded in detailed memos. This was intended to capture how the researcher's experiences and characteristics had contributed to the construction of meaning. Researcher reflexivity is explored in relation to personal and epistemological reflexivity below. Reflections on Ethical and Practical Dilemmas are also explored.

4.3.4.1. *Epistemological Reflexivity*

To ensure that the objectives and methods of the research were compatible with a critical realist position, the contextual constructionist method of grounded theory described by Madill et al. (2000) was employed. While this approach was purposefully adopted to answer the research questions, it may have limited the study's findings. Employing an alternative methodology such as discourse analysis would have allowed for exploration of how culturally available discourses shaped what could be said about paranoia. For example, the effect of racist

discourses on participants' expectations and perceptions of others in relation to mistrust. The adoption of an alternative epistemological stance would also have rendered different results and interpretations (e.g. the constructed categories would be understood as one of many possible realities of what might be occurring).

4.3.4.2. Personal Reflexivity

I reflected on a number of Burnham's (1993) social GRRAACCEESS during the research process. This included how both my visible and invisible characteristics may have influenced my interaction with participants, and interpretations of the data. For example, I wondered whether my identity as a White British male affected Kamry's reflections regarding her perceptions of White British people following incidents of racism. It is possible that her identity as a Black African immigrant made it difficult for her to reflect on negative feelings towards members of the host country. Moreover, I often wondered whether my gender significantly affected the data given the high proportion of females interviewed. Female participants may have underreported or reported differently on topics like sexism and sexual harassment. Given my professional identity as a trainee clinical psychologist, it is also possible that participants tapered their reports during interview due to concerns that I might be assessing their mental state. It is also likely my interpretation of data will have been impacted by my life experiences and aspects of my identity. For example, my interpretations of the data and construction of categories will undoubtedly have been affected by my professional training in psychology. Indeed, I often felt drawn towards psychological principles when coding and conceptualising the data.

4.3.4.3. Choice of Research

On reflection, my journey to pursuing this area of research can be traced back to my first permanent role in mental health as a graduate worker on an acute psychiatric ward. Prior to this, my knowledge about mental health and paranoia was formulated from what I had learned during a brief period as an honorary research assistant, my academic education in psychology, and films, documentaries and popular media. I recall walking towards the ward on my first day consumed by anxiety and trepidation in anticipation of a hostile work

environment. My perceptions of inpatient psychiatric services appeared to have been influenced by stigmatising media reports and pathologizing discourses about mental illness. Although the inpatient setting was certainly chaotic at times, over the next twelve months my misconceptions about people diagnosed with psychosis were dispelled. As my professional relationship with service-users developed, I began to question the prevailing psychiatric conceptualisation of psychosis, and my part in what I increasingly viewed as an oppressive system. While the dominant medical paradigm presented psychosis as an aberrant experience stripped of context, I started to notice that the service-users often described similar themes of adversity, and that these themes were rarely given more than lip-service in professionals' formulations of their difficulties. Around this time, I was introduced to the book *Madness Explained* by Richard Bentall. I read about some of the ideas shaping the current research including the continuum view of paranoia, and the impact of adversity on a propensity for suspicious thinking. My fascination with these ideas grew as I pursued further professional experience working with service-users diagnosed with paranoid psychosis. During my work with this client group in acute and forensic psychiatric services, themes of early childhood trauma, and victimisation commonly arose. It stood to reason that such experiences might lead to perceptions of the world as threatening and unsafe. However, I was bemused that adversity was largely disregarded or considered a peripheral factor in peoples' difficulties. As I secured my place on the clinical psychology training at the University of East London (UEL), I was introduced to further research and theory highlighting the social context of manifestations of mental distress like paranoia. On reflection, these experiences shaped my decision to engage in the current research. I was motivated to explore an account of paranoia that normalised and contextualised the experience. It was hoped that constructing a theoretical model of mistrust in the context of adverse interpersonal experiences would help contribute towards this objective.

4.3.4.4. Personal Impact of the Study and Learning Through Discovery

The process of undertaking this research has been both testing and rewarding. Embarking on a review of the existing literature on paranoia, attachment and victimisation proved to be a significant challenge. At times, it felt overwhelming,

as if I was drowning in a pool of theory and research. This led to periods of self-doubt about my ability to contribute something original to the field of study.

Immersing myself in literature focusing on the impact of various types of adversity also took an emotional toll. Sometimes this served a galvanising function, reconnecting me with the ideals that sparked my interest in this area of study, including the desire to provide a contextualised account of suspiciousness. At other times, reading about traumatic events and social contexts preceding paranoia, triggered deep feelings of sadness. During moments of doubt, I wondered whether anything original, or of any value would come from the study. However, the interview and analysis stages were invigorating. My doubts were disconfirmed as I discovered that each participant's story provided a rich, unique and powerful narrative. I was moved by the sadness of these stories, the descriptions of disconnection, alienation, and disappointment; the neglect and scorn of a parent, the betrayal of a partner, incidents of racism, bullying and marginalisation, and the effects these experiences had on peoples' lives. It was difficult to resist the draw towards the therapist position during many of the interviews, however, I recognised that this was a necessary part of the process. At other times, I felt inspired by participants' stories, how people had overcome interpersonal traumas, and the potential for people to heal through connecting with others.

As my first significant piece of qualitative analysis, I was amazed at the richness of data provided by participants during interviews. The task of analysing vast volumes of data presented a challenge. I often wondered how these pages of text would transform into a theory. It was difficult to know where to begin. However, I found the process of analysis to be enthralling, and on reflection, the most enjoyable part of the study. It felt like something important was being constructed before my eyes. Despite my earlier anxieties that the research might not contribute anything original to the field, I was both relieved and excited to see categories emerging from the data. These categories appeared to highlight the various contexts in which paranoia occurred, reflecting the experience as relational in nature. The findings appeared to demonstrate that trust/mistrust was determined by relational experiences and was mediated through reflective

processes, and perhaps most importantly, positive interpersonal experiences appeared to serve a reparative function. I experienced a sense of pride for both the participants and myself, as I learned to trust in the process of qualitative research.

4.3.4.5. *Reflection on Practical and Ethical Dilemmas*

Multiple practical and ethical dilemmas arose while conducting the research. On reflection, I wonder whether undertaking a review of the literature prior to analysis significantly impacted the findings. As noted, the existing literature in this area reveals a dominance towards theories focusing on cognitive processes underlying paranoia. While the study demonstrated the social and relational contexts under which paranoia emerged, much of the study also presented intrapsychic and cognitive responses to relational experiences. Although I endeavoured to stay as close to the data as possible, employing the rigors of grounded theory, the emerging theory is co-constructed and therefore, my knowledge from reading past studies may have impacted what lines of questioning I pursued during interviews, and my interpretation at the analysis and results stage of the research process. Consequently, I may have attended more closely to how experiences of adversity affected participants' internal worlds rather than pursuing a more detailed understanding of the social contexts under which suspiciousness emerged. However, it could also be argued that my experiences and knowledge prior to conducting a review of the literature would also have influenced the study, and was therefore unavoidable. As noted, my experiences prior to training were predominantly working with people diagnosed with paranoid psychosis, and I had already formed some ideas about the potential influences of adverse attachment and victimisation experiences. I am also mindful that I wanted to provide a contextualised account of the experience of paranoia. On a less conscious level, these motivations may have influenced both what I attended to during interviews and how I interpreted the data during the analysis and results phase. Accordingly, I endeavoured to employ the tools of grounded theory to limit my influence on the research whilst also remaining reflexive and aware of how I may have affected the construction of the findings.

The findings were also discussed in relation to the existing literature on the subject, and while I presented several ideas pertaining to the potential societal and structural influences on paranoia, these lines of questioning were not explored during interviews. Although the original intention of the study was to explore the interpersonal nature of paranoia (i.e. the impact of direct experiences of adverse attachment and victimisation), and was limited in scope due to the restrictions on writing a thesis (i.e. limited number of interviews, time to explore different experiences, word count etc), exploration of other potential germane factors mediating participants propensity for suspiciousness, such as material and financial deprivation, media reporting, could have revealed important influential contextual factors.

Another practical dilemma concerned recruiting participants for phase two of the study. As noted, many of the highest scoring participants did not respond to an invitation to be interviewed. This meant that I was unable to recruit more participants from the very top end of the paranoia scale. Consequently, it could be argued that a qualitative difference exists between some of the high scorers that were interviewed, and those that were not interviewed. As such, the findings may have been different if those at the top end of the spectrum were interviewed, having implications for the model of trust/mistrust presented in the current study. For example, high scorer Katie's ability to draw on strategies of understanding others, commonly employed by low scorers, might suggest that her GTPS score was too low to be considered paranoid. Using a minimum threshold score for the high scoring paranoia group may have enhanced the study's robustness in this regard. However, given the study's adoption of a continuum view of paranoia, it is argued that discrepancies between high and low scorers' GTPS results were large enough to demonstrate a difference in terms of the volume and nature of suspicious thoughts (i.e. high scorers ranged between the 73rd to 99th percentile, while low scorers fell between the 2nd and 16th percentile), and therefore, provided an adequate grounding for comparison. Indeed, Katie's GTPS score of 64 was almost twice as high as the highest low scorer, which was 34. While efforts were made to recruit participants with the highest GTPS scores, Katie's relatively higher score than participants in the low scoring group suggests that she is more likely to experience a higher volume of suspicious thoughts.

The possibility of age being an important factor in suspiciousness represents a further potential problem arising from the findings with regards to recruitment. It was surmised that the younger age of high scorers Gemma and Paul meant that they may have had less exposure to reparative or reflective enhancing experiences (e.g. reparative or reflective relationships), making them more vulnerable to suspicious thinking. Given that these participants comprised half of the high scoring group, it is possible that this affected interpretation of the results. Indeed, it may have been that age represented a major explicatory factor between the high and low scoring groups. While the high scoring group also comprised older participants, the higher age range may have disguised important qualitative differences within the high scoring group. For example, if suspiciousness is an experience/stage people go through, or the result of 'blocked adolescence' (Harrop et al., 2001) for Paul and Gemma, this suggests that there was something germane in the experiences of Katie and Kamry accounting for their experiences of paranoia. Consequently, the contexts of their experiences may explain a higher propensity to think suspiciously (e.g. immigration, racist discrimination, alienation etc). Recruiting high and low scoring participants from similar age groups may have protected against this eventuality, and revealed other important mediators of trust/mistrust. These represent useful considerations for future research. Nonetheless, the finding that increased access to reparative and/or reflective enhancing experiences mediated trust for low scorers who had experienced a range of adversities may still be useful for people troubled by suspiciousness. Indeed, such findings may still represent fruitful avenues for intervention regardless of age or the context behind the adversities the person has experienced.

It is also possible that my knowledge of participants scores on the GTPS impacted phase two of the study. This could have occurred at both the interview and analysis stage. For example, I may have attended more closely to experiences of adversity for those in the high scoring group, whilst giving more attention to positive relational experiences for those in the low scoring group. Moreover, when analysing the data, I may have been looking for examples that confirmed any underlying existing preconceptions (e.g. looking for differences in experiences of attachment and victimisation between the high and low scorers

where none existed). To counteract these possibilities, I depended on the interview schedule's structure to provide consistency in focus between interviews, and the methods of grounded theory during analysis (e.g. line by line coding to stay close to participants' accounts, and providing negative case analyses to ensure I remained open to different ideas that were not consistent with emerging theory). Furthermore, it is posited that the examples of exceptions in the current study demonstrate that I was attentive to what was in the data rather than being constrained by any underlying preconceived ideas of difference between the two groups.

In terms of ethical dilemmas, it could be argued that it would have been ethically prudent to advise participants of their GTPS scores. The uncertainty of not knowing may have led to feelings of anxiety in participants which could have been relieved by knowledge of their scores. This may have exacerbated experiences of paranoia for some participants. Moreover, my knowledge of participants scores may have increased the power differential between researcher and participant. There is also an argument that informing high scorers would have meant that they were more likely to seek professional support for experiences of paranoia. While the above potentialities were considered when constructing the research design, the decision not to inform participants of their GTPS scores was made for several reasons. Firstly, it was decided that participants would be provided with their scores should they have requested them (none of the participants in the current study inquired about their scores). Secondly, it was felt that advising participants of their scores may have influenced some participants to seek professional services when they otherwise might not have. Given the sometimes-negative implications of engaging with professional services (e.g. pathologizing distress, potential for professionals prescribing psychiatric drugs that lead to side-effects etc) this was not felt appropriate. Alternatively, knowledge of participants scores may have dissuaded low scorers from seeking professional help when they were otherwise considering it. Finally, after consulting on this matter with a member of the ethics committee, it was advised that providing people with their scores was not required. However, to reduce potential anxieties, participants who had voluntarily completed the GTPS at stage one were reminded that a small number of people

would be invited back to explore a qualitative understanding of their experiences. Therefore, participants were already aware that this was a component of the study.

The lack of respondent validation in the current study is also vulnerable to critique. Although attaining participants' feedback on the study would have been ethically judicious and would have strengthened the validity of the findings, time restrictions meant that this was not possible. However, participants were provided with contact details of the researcher in case they had any questions pertaining to the study. Therefore, they are allowed access to the final report in the future should they desire this. Should the researcher pursue professional publication of the study, respondent validation could then be considered.

4.3.4.6. Reflections on What I Would Do Differently

The research process has been an enlightening experience and I have learnt many things throughout this journey. On reflection, there are several things that I might do differently if conducting a similar piece of research. Firstly, I would experiment with collecting and analysing the data before conducting a literature review. Indeed, this might have led to a different focus during interviews and influenced different interpretations of the findings. For example, I would include a greater focus on how factors such as material resources, and intersecting parts of participants' identities may have mediated trust/mistrust following attachment and victimisation experiences (i.e. reference to powerlessness made in the discussion). Furthermore, given the difficulties with recruiting participants for phase two, I would consider offering different platforms for interview. For example, it may have been that those people that did not agree to be interviewed were concerned about meeting me in person. Therefore, offering to complete the interview via a secure electronic forum may have meant they felt more safe to engage in this research. Finally, approaches like discourse analysis would have allowed for greater access to the more concealed and invisible contributors to paranoia.

4.3.5. Research Limitations

The study's sample size of ten participants somewhat restricts the transferability of the constructed grounded theory to other populations. The participant sample at phase one and two is also not representative of the UK university population. Other than two males and one Black African female, participants interviewed were predominantly White British females. Consequently, males and individuals from backgrounds other than White British are underrepresented in the current study. The sample was also overly represented by postgraduates and made up entirely of people categorised as heterosexual. Therefore, the grounded theory constructed in the current study only represents a small subset of participant characteristics. Consequently, discrimination based on other characteristics was not explored. It is possible that the uneven number of high and low scorers meant that important themes in the data were undetected (i.e. further features distinguishing high and low scorers' experiences). Difficulties recruiting high scoring participants may not be unexpected given the reported vigilance of threat. Other methods of data collection may have afforded a better response from the highest scorers (i.e. telephone interviews, email/text interviews, focus groups etc).

The data collected to contextualise the participants interviewed for phase two is also vulnerable to critique. For example, use of an objective measure of paranoia can be criticised in light of the critical realist epistemological position adopted. While the researcher recognises the limitations inherent in adopting this strategy, incorporation of a quantitative measure was necessary to distinguish between high and low scorers. Without this measure it would have been difficult to demonstrate groundings for comparison to various audiences (i.e. journal publishers and readers, examiners etc). Although the GTPS reduces a complex phenomenon to fundamental components, it may say something about a person's experience.

Participants' responses may also have been shaped by social desirability. It has been argued that measures that rely on self-report may overemphasize the incidence of paranoid ideation (Freeman, 2008). Van Os et al. (1999) posit that those encountering more extreme and distressing experiences of paranoia are

less likely to respond to studies. This may explain the difficulties recruiting for high scorers. Consequently, high scorers interviewed in the current study may represent accounts of a qualitatively distinct set of experiences. Therefore, it is more difficult to generalise these experiences to other student populations.

The adoption of Willig's (2008) abbreviated version of grounded theory also inherits several shortcomings (i.e. inability to gather new data in line with emerging theory). Although measures were employed to compensate for these limitations, utilising the full version may have afforded for the construction of a more developed theory.

4.4. Research Implications

This study has highlighted several lines of inquiry for future research to consider. Research employing both qualitative and quantitative designs that specifically address several key findings might elaborate constructed theory. The development and inclusion of quantitative measures to assess the prevalence of, and relationship between identified adverse and positive experiences and paranoia in a large student sample is warranted.

Larger scale studies comparing clinical and nonclinical populations to investigate the strategies of Understanding Others might be useful in observing whether these results generalise to larger populations and/or uncover important distinctions. Given some of the reported similarities between experiences of adversity reported by high and low scorers, longitudinal designs might improve current conceptions of the distinguish factors that predict the propensity to develop suspicious thinking. This might include a greater exploration into reparative factors such as friendships.

Further qualitative research isolating the minutiae of respective interactions with both parental figures in isolation (in two parent families) might elucidate specific processes that generate or protect against suspiciousness. Qualitative investigation into the effects of specific adverse parental styles might explain how individual attachment representations are organised and modified (Cook, 2001).

It might also reveal nuanced differences between the different manifestations of paranoia (i.e. anticipation of physical threat verses social concerns). Qualitative differences between adversity experienced between clinical and nonclinical groups might also be investigated. Given the findings highlighting interpersonal and systemic factors contributing to suspiciousness, interviewing family members, friends and perpetrators of victimisation would provide rich data encompassing a variety of perspectives.

Although only modest findings, future research into factors that mediate trust/mistrust following experiences of relationship adversity also seem warranted. Qualitative research comprising a greater number of high scoring participants who have experienced discrimination would allow for exploration into the social contexts that make the experience germane (i.e. powerlessness, toxic social environments etc).

Finally, this research was disproportionately represented by White British females and therefore, inherits restrictions in relation to how different participant characteristics may have affected their experiences of paranoia, victimisation and attachment. For example, future studies recruiting an even balance of gender, ethnicities, sexual orientation etc. would allow for exploration into whether experiences of adversity and paranoia were effected by different characteristics or intersectional factors.

4.5. Clinical Implications

Although the study's small sample size rendered it difficult to generalise the findings to other populations, several implications for clinical practice, service provision and schools/universities and broader society are considered.

4.5.1. Implications for Clinical Practice

The model of social and psychological processes mediating trust/mistrust proposed in the current study could be used as an alternative formulation guide to more commonly used cognitive behavioural approaches to paranoia (see Freeman et al., 2002). This may help highlight the various contexts that

contribute to paranoia highlighted in the current study (i.e. adverse attachment experiences and various experiences of victimisation), and move emphasis away from interventions that focus predominantly on thought biases. Findings from the current study encourage attending to experiences of attachment and victimisation during clinical interventions. Specific approaches are explored below.

4.5.1.1. *Systemic Interventions*

This study theorised that suspicious thinking was related to various types of adversity and was interpersonal in nature. Therefore, therapies that emphasise shifts away from conceptualisations purely focused on individual cognitions are recommended. Given the contexts in which paranoia appeared to develop (i.e. problematic parenting, bullying victimisation, and discrimination) it is suggested that collaborative working with the individual and members of their network should be pursued where possible. This points towards the use of systemic approaches that consider the effects of proximal and wider networks on a propensity for suspicious thinking.

Drawing on systemic theory enables a focus on patterns in process in relationships that have contributed to suspicious thinking. Given that problematic parental interactions were found to play a role in paranoia, interventions that open dialogue between relevant family members is warranted. In positioning the problem as occurring in relationships rather than individuals, problem maintaining patterns and feedback loops can be explored (Dallos & Stedmon, 2006). This might open-up different ways of relating between family members in a way that breaks interactional styles that promote paranoia. For example, given that marginalisation was identified as a potential contributor to paranoia, a focus on how this is maintained in patterns of interactions between family members may be helpful. Moreover, exploration of intergenerational factors and family scripts that help to explain problematic attachment patterns, and interactional patterns that promote paranoid thinking might help suspicious individuals to contextualise, rationalise, and empathise with others, and understand their suspicious perceptions. Indeed, this ability was found to be an important protector against paranoia in the current study. Understanding of how subsequent interaction patterns emerged might help the affected people make useful adjustments. Joint

reflection on the attachment dynamics experienced by the suspicious person's caregivers during their own childhood, including how their attachment needs were responded to, and the corrective scripts they enacted onto their current family could increase insight into how suspicious thinking emerged, and help remove blame (e.g. the parent who portrays a view of others as posing a threat could be a result of their own experiences of uncaring parenting during childhood). Such explorations might serve the joint function of increasing insight into the derivation of the person's suspicious view of others, and enhance appreciation of their caregivers' good intentions. Alternatively, it may highlight other explicatory factors such as parents' perceptions of an unsafe world following various experiences of victimisation, and/or contextual factors such as poverty reducing the caregiver's capacity to provide a more nurturing home environment.

In the current research, low scorers Sarah and Fiona were able to understand how their mothers' distant parental styles were influenced by their own experiences of being raised, while low scorer David formulated his mother's overprotective parenting in the context of losing a baby during pregnancy. Such findings promote techniques that allow for connecting with the position of other via contextualisation of the circumstances of the adverse experiences (e.g. stressors on parents and/or bullying sister etc). Low scorer Fiona's account of how experiences with her mother in adulthood served a reparative effect to the adverse parenting she was exposed to in childhood support systemic interventions which unite families and allow for corrective experiences to repair past discord. This could include exploration of the social contexts that contributed to familial difficulties. For example, parents that were under significant financial stressors, unemployment etc. Contemporary systemic family practice that draws on social constructionism (Dallos & Draper, 2005) would allow for a contextualised account of how factors outside of the proximal environment impact on the family. For example, exploration of dominant discourses that exacerbate difficulties could be brought into consciousness. In the context of the study's findings, this might include exploring how families reconcile ideas about 'mental health', 'good mother', and 'appropriate behaviour' alongside a lack of access to material resources and financial deprivation. This might help the individual affected by paranoia and their network feel less trapped by their predicament. In

situations where no such network exists, interventions should focus on expanding the individuals' social networks. This might allow for the development of reparative relationships which appeared to represent corrective mechanism for those exposed to similar experiences of adversity.

4.5.1.2. Individual, Group, and Self-Help Interventions

The current study found that reflective processes mediated a propensity for suspicious thinking. Personal therapy and reflective relationships appeared to enhance participants' ability to understand their perceptions of others in the context difficult life experiences. Accordingly, clinical interventions that cultivate this ability in people experiencing paranoia is recommended. While many models of therapy may facilitate this process, several specific interventions relevant to the current study's findings are explored below.

4.5.1.2.1. Attachment-Based Interventions

The current study's finding that therapy may help protect against suspicious thinking via enhanced understanding of adverse attachment experiences supports Bowlby's (1988) contention that psychotherapy offers a reparative attachment experience. Consistent with the findings of the current study, and in support of Bowlby's (1988) assertion, Dallos and Vetere (2014) argue that if difficult moments in attachment relationships are not addressed in therapy, they can be carried forward into a person's ability to trust others. This emphasises the importance of helping the suspicious person name, recognise, explicate and process their emotions during therapeutic encounters, particularly for those subject to an emotionally invalidating environment when growing up. It also highlights the therapeutic significance of feeling heard and genuinely understood, which appeared to be experiences lacking for participants reporting emotionally unavailable parenting in the current study.

When addressing attachment difficulties, Dallos et al. (2014) note that ensuring a secure and comforting therapeutic environment is central in therapeutic work. Therefore, clinicians should cultivate practice that supports and affirms the seeking, giving, and receiving of comfort with others, whilst also developing the capacity to self-soothe. Accordingly, therapy focused on attachment for people

troubled by paranoia promotes self-compassion and compassion for others, such as approaches like Mindfulness and Compassion Focused Therapy (Gilbert, 2009). Indeed, irrespective of the modality, Dallos et al. (2014) posit that therapy that helps individuals to develop their reflective abilities via the enhancement of capacity to understand what others might be thinking or feeling, whilst also cultivating empathy, and compassion for others and self, are appropriate for working through attachment difficulties.

4.5.1.2.2. Third Wave Approaches: Compassion Focused Therapy (Gilbert, 2009) And Acceptance and Commitment Therapy (Hayes, 1982).

Several of the study's findings suggest that the use of third wave approaches would be helpful for clients troubled by suspiciousness. In keeping with one of the study's key findings, Compassion Focused Therapy (Gilbert, 2009) works on the premise that feelings of safeness, reassurance and well-being evolve in line with caregivers' ability to register and respond calmly to distress. It is hypothesised that people exposed to negative attachment experiences can become highly sensitive to threats of criticism and/or rejection (i.e. critical parenting, emotionally unavailable parenting), characterised by external and internal worlds that are hostile. When applying this approach to people troubled by paranoia, a key focus of the therapist would be to cultivate a socially safe therapeutic setting, and promote development of the person's inner warmth and soothing. Central to this is compassionate mind training which involves the therapist helping the suspicious person to develop compassionate attributes towards the self and others. As noted, the ability to empathise with others was found to be an important mediator of trust for low scorers in the current study. Accordingly, development of compassion for self and others suggests that this approach would be helpful for those struggling with suspiciousness.

In terms of specific techniques, successful interventions might include compassionate attention (i.e. focusing attention on occasions when the paranoid person experienced kindness from others including compassionate imagery); compassionate reasoning (i.e. considering alternative thoughts as kind and helpful, whilst listening warmly, and validating emotions and meanings attached to experiences); compassionate behaviour (i.e. fostering the internalising of a

supportive inner-voice akin to that of an encouraging caregiver, whilst engaging in exposure work); and compassionate feeling (i.e. experiencing compassion for others and from others via focused attention, thinking, imagery, and behaviour, and the therapeutic relationship).

The centrality of uncertainty and anxiety depicted in the emotional experiences reported by high scorers also indicates that Acceptance and Commitment Therapy (Hayes, 1982) represents a useful alternative to traditional CBT. This approach encourages acceptance of distressing experiences and places focus on changing the relationship to one's thoughts, feelings, sensations and images.

Experiential avoidance is a key concept used in ACT, which suggests that an unwillingness to experience difficult inner emotions serves to maintain/exacerbate paranoia. Accordingly, the use of ACT appears appropriate given that high scorers commonly adopted avoidance as a coping strategy to avoid distress. Exploring uncomfortable experiences associated with paranoia in the context ACT's values directed approach might help reduce the negative effects of paranoia on the person's life (i.e. loss of relationships/connections with others etc). In terms of specific ACT techniques, this might include mindfulness, "self as context", and cognitive diffusion. Mindfulness skills would be developed to help the person create psychological distance from paranoid content enabling them to pursue their values. Mindfulness might then facilitate the process of viewing "self as context", as the person's capacity to nonjudgmentally observe the process of thinking as opposed to engage with suspicious thoughts is developed. To facilitate distance between the person and distressing experiences, cognitive defusion would be employed. The paranoid person would practice how to nurture an observer perspective to internal experiences of paranoia. This includes fostering a nonevaluative stance towards paranoia experiences through externalising thoughts via the use of language.

4.5.1.2.3. *Narrative Approaches*

Morgan (2000) posits that "for narrative therapists, stories consist of events linked in sequence across time according to plot" (p. 5). Clinical interventions that help people construct a biographical narrative of their adverse experiences seem

appropriate in light of the study's finding that ability to integrate experiences into a coherent narrative may mediate trust/mistrust. Cromby and Harper (2005) similarly advocate a focus on helping the paranoid person find an acceptable re-narration of their experience.

Narrative Therapy (White & Epston, 1990) works on the premise that problems arise when peoples' stories about their lives are dominated by thin, problem saturated, and oppressive accounts, and that aspects of experience, named alternative stories, are hidden by dominant narratives. Narrative therapists focus on deconstructing problem saturated and thin accounts of peoples' lives, and replacing them with thicker, more contextualised stories, appears appropriate given the multitude of negative experiences and subsequent perceptions of threat found in high scorers' life stories. A narrative approach also emphasises that stories are significantly influenced by cultural discourses such as sexism, classism, racism etc, which were commonly experienced by participants in the current research. This allows for such discourses to be explored and deconstructed.

Given the contexts in which suspiciousness develops, narrative therapy's analysis of social power position it as a useful approach for those troubled by paranoia. Indeed, in the current study, it appeared that powerlessness might influence the degree to which experiences of victimisation mediate mistrust. Within narrative therapy, experiences like bullying and racism are understood to strongly influence the stories individuals create about their lives (e.g. I am weak and vulnerable, others are powerful and exploitative, society is unjust, people persecute those perceived as different). In concerning itself with liberating clients' voices, this approach might help those struggling with paranoid thoughts by delivering them from oppressive and totalising stories. Initially this would include helping the person troubled by suspicious thoughts define their identity as separate from their problem (i.e. externalising the problem). Exploration of the circumstances under which paranoia first came into the person's life, including how oppressive conditions cultivated paranoia (e.g. experiences of bullying, racism, social deprivation etc) could then be pursued. This might involve exploring the person's relationship with paranoia, including how it may have

served the function of keeping the person stay safe during periods of upheaval. Questions that identify how the problem has affected the person's life and relationships could then be explored. Times that the person overcame the clutches of the problem (paranoia might be identified as the problem, or a response to the problem) would then allow for development of a narrative in which the person views themselves as powerful as opposed to vulnerable and under threat. Focus could then turn to thickening the emerging preferred narrative by developing the meaning of the story, including exploration of underlying motives, beliefs, values and hopes (e.g. a story of resilience and prevailing hope in oppressive conditions). Alternative ways of being that are consistent with the person's new narrative could then be explored and expanded upon. In contrast to many schools of psychotherapy which promote individualisation, a central aim of narrative therapy is to draw on the network of the person troubled by suspicious thoughts as a resource. This could include finding members of the network who shared similar experiences of adversity (i.e. siblings, peers etc) and draw on these members of the network as a problem-solving unit, thereby, reducing social isolation. Finally, narrative therapy's use of 'taking it back practices' (White, 1997) in which people share their new preferred stories, knowledge, and skills with others experiencing similar difficulties might allow for more reflective relationships, and reparative experiences, which were found to contribute to increased trust in the current study.

4.5.1.2.4. *Group Therapy*

Yalom (1983) explicated several therapeutic benefits that occur during group therapy which promote the use of this approach for people troubled by suspiciousness. For example, the finding that many high scoring participants experienced/continue to experience marginalisation supports the use of group interventions. Indeed, Yalom (1983) notes how many clients enter this process with the idea that they are alone with their problems. Disconfirmation of this belief through learning that they share universally similar beliefs and experiences to others (i.e. paranoid thoughts about others in the context of difficult parental relationships, victimisation and other contextual factors) can provide a powerful sense of relief. Yalom's (1983) belief that clients become more trusting and open with each other as part of group process seems particularly pertinent for people

troubled by suspiciousness, and is in keeping with the current study's finding regarding reparative and reflective relationships cultivating trust in others.

Another finding of the current study which supports the use of group therapy concerns Yalom's (1983) notion of 'The Corrective Recapitulation of the Primary Family Group'. It is posited that aspects of family dynamics are reexperienced in group therapy. Yalom (1983) notes that this provides the opportunity to relive earlier familial conflicts 'correctly', and that the therapists task is to highlight connections between past and present thoughts, feelings and behaviours, so that new interpersonal behavioural repertoires can be experimented within the group. This closely ties with findings in the current study concerning participants experiences of difficult relationships with family members, which promote interactional patterns that exacerbate paranoia and perceptions of mistrust in others (i.e. bullying siblings, critical parents). It also links to the finding in subcategory 'Doing Things Differently', in which it was found that the ability to recognise one's part in problematic relational interactions and apply corrective behavioural change helps prevent perpetuation of interpersonal difficulties which might promote mistrust. This also ties closely with another process found to be important in group therapy: Development of Socialising Techniques. Yalom (1983) suggests that the group provides clients with opportunities of receiving feedback regarding social behaviour. Similarly, in the current study, receiving feedback in the form of reflective relationships appeared to be an important reflective process distinguishing most low and high scorers on paranoia.

Finally, Yalom (1983) argues that group therapy cultivates a social microcosm in which corrective emotional experiences can occur. Over time, it is believed that difficult interactional patterns will emerge that can be worked through in the group. It is argued that group members experience personal growth after displaying less adaptive behavioural strategies, and disclosing emotionally laden experiences, for which other group members can provide feedback and reality testing. Such a setting appears therapeutically fruitful for high scorers in the current study who described thinking characterised by the anticipation of threat. Indeed, the group setting might offer opportunities for interactional patterns that promote trust to emerge.

4.5.1.2.5. *Power Mapping*

The current study's findings emphasise the importance of considering social context when working with people troubled by suspiciousness. It was suggested that intersecting contextual factors may have made high scoring participants more vulnerable to paranoia following adversity such as immigrant and socioeconomic status, and younger age. Accordingly, it was surmised that factors such as powerlessness may mediate the relationship between adversity and paranoia rather than the experience itself. An approach that allows for exploration of damaging social forces and lack of power faced by people, named Power-Mapping, was introduced by Hagan et al. (1997).

Power-Mapping offers a heuristic tool that clarifies the nature of peoples' predicaments, and the extent to which they can influence their situations. In applying this approach, the powers and resources that encompass the paranoid individual's proximal world can be explored to foster greater understanding of the powers available to them. While this approach may not always facilitate change to the structures that disempower the person troubled by paranoid thoughts, it enables recognition of the concealed forces they face. It is hypothesised that locating the source of their difficulties in structural forces may lead to reduced reliance on anticipation of threat during every-day interpersonal exchanges with others. Employing Power-Mapping in practice would include consideration of the person's home and family life with respect to the degree to which it provided a supportive or obstructive function in dealing with stressors. The high scoring participants in the current study reported different experiences of familial support. For example, Gemma described her family home life as supportive and emotionally responsive, while Katie, Paul and Kamry experienced both emotionally unavailable and critical parenting, and bullying/marginalisation by siblings.

Exploration of the person's social life including their ability to make alliances and influence people to achieve desired objectives should then be pursued. In the case of high scorer Paul, Power-Mapping might help to highlight that the difficulties he experiences in social relationships leads to a lack of power in this domain. Personal resources including embodied characteristics of race, health

and intelligence are also explored in relation to power given that these areas often shape confidence and the ability to influence others. Indeed, Hagan et al. (1997) argue that such personal resources have traditionally been occupied by those with political agendas. As noted, high scorers Katie and Kamry's status as immigrants position them as relatively powerless. Moreover, the experiences of racist discrimination to which Kamry has been exposed in relation to her ethnicity highlights how ethnicity may have been used by others to disempower her.

In contrast to traditional psychological approaches, which have historically paid little attention to material resources, Power-Mapping also considers money and its associated benefits as key. It could be hypothesised that certain characteristics of the high scorers resulted in them having less access to material resources (i.e. immigrants to a new country having less financial security, and young people having less opportunities to acquire material resources). After providing a visual guide that captures their current circumstances, Power-Mapping then helps individuals target areas for action that increase power. In the case of the participants in the current study, this might include enhancing/developing supportive networks by creating alliances with people who are similarly disempowered and/or lobbying for change etc. Similarly, Cromby et al. (2005) advocate that it is important for people isolated by paranoia to: "get involved with community activities, self-help and support groups, and involvement in campaigning and other activities that engender solidarity, security and belonging" (p. 356)

4.5.1.2.6. *Less Mainstream Approaches*

For individuals that are less amenable to mainstream psychological interventions, approaches that endorse working within the person's current belief system should be considered (i.e. May, 2007; Knight, 2009). Knight (2005) argues for a focus on 'fit' between individuals' beliefs, and posits that the life they choose to lead should be pursued. Within these approaches, focus is centred on reducing distress associated with unusual beliefs, and helping people to live less restricted lives within their belief system. Accordingly, interventions that increase social connectedness and safety are favoured over challenging or trying to modify suspicious beliefs. When working with people troubled by suspicious thoughts,

this would first involve listening carefully and trying to understand the person's reality. The next step would be to collaboratively find strategies to help enhance the person's sense of control over the situation. Knight (2009) highlights numerous ways to lessen peoples' anxiety without changing beliefs. For example, the person preoccupied with being stabbed could wear a stab proof vest when going outside, while the person suspicious that others are stealing their thoughts could wear foil under their cap.

Sharing one's experiences of paranoia and related emotional aspects in unusual beliefs groups might also reduce social isolation and normalise stigmatised experiences. Such groups provide a safe space for people troubled by paranoia to explore their beliefs without threat of being pathologized or derided. The emotional support and practical strategies provided by the group can help the person cope with paranoid beliefs, whilst getting on with their life. Drawing on the work of the Hearing Voices Movement, and Romme and Escher (1993), Harper (2004) argues that it is important for people to make sense of their unusual beliefs in a way that is useful and meaningful to them, and that professionals should facilitate contact with a community whose ideas share similar underlying meanings. As noted, the findings of the current study would support this approach as it allows for access to reparative relational experiences.

4.5.1.2.7. Self-Help Books

The reparative effects of reading about psychological principles reported in the current study promotes the widening of access to free educational texts and self-help books on paranoia and psychology. While there is a lack of research exploring the effectiveness of self-help materials for paranoia, there is some evidence supporting this approach for anxiety and depression (Bower, Richards, & Lovell, 2001). Given that the current study highlighted the various contexts under which paranoia transpires, people troubled by suspiciousness might benefit from books that explore the impact of difficult attachment experiences, bullying and victimisation. Indeed, it is hypothesised that these materials may help people develop a coherent biographical narrative of their life experiences. Moreover, reading materials that enhance peoples' insight into the structural forces they

face may be therapeutically fruitful given the link between paranoia and powerlessness.

4.5.1.3. *Schools, Universities, and Broader Societal Implications*

Participants' accounts of bullying victimisation support the expansion of anti-bullying campaigns in schools and universities. Such programmes might benefit from the provision of friendship mentors given the experiences of marginalisation reported in current study. Indeed, the beneficial effects of benign, reparative and/or reflective relationships suggests that increased provision of befriending schemes would be helpful for those affected by bullying. Findings regarding social withdrawal, isolation and reduced access to reparative experiences, promote peer support group programs that encourage sharing of experiences, and that enhance peoples' sense of safety around others. The study also highlights a need to increase awareness of the harmful effects of bullying through media campaigns.

The finding that suspiciousness is a common experience in the student population also supports the construction of peer support groups in universities. Similar to unusual belief groups, this could include the sharing of experiences relating to paranoia, including emotions of fear and anxiety. This might also serve to reduce social isolation and increase exposure to reparative relational experiences.

Given the implications of adverse parenting, programmes that support parents to cultivate a nurturing and supportive home environment for young people seem warranted. Existing programmes such as Strengthening Families, Strengthening Communities (Steele & Maringa, 1992) focus on developing effective parenting skills. There is also a focus on enhancing relationships, and a broader focus on cultural and spiritual domains, including rites of passage, and community involvement. While this programme has been successfully used with more marginalised groups, it could be argued that it does little to challenge the social inequalities that cultivate difficult parent-child relationships (i.e. poverty etc). Therefore, the development of groups which incorporate a Power-Mapping component might help validate parents sense of powerlessness.

Finally, some broader implications for society in relation to the study's findings follow. Given that suspicious thinking was popular among a nonclinical population, and was found to occur in various social contexts, there is a need for increased awareness of the experience of paranoia outside of current decontextualized and pathologizing portrayals in the media. Campaigns that highlight the societal factors that play a role in paranoia, namely, social inequalities and material deprivation, which serve to cultivate powerlessness and environments that promote paranoia, are needed. In addition to normalising the experience, it is hoped that such campaigns might unite and mobilise people to campaign for change to social and economic policy in protest against the toxic conditions under which human suffering flourishes.

4.6. Conclusion

The current study has explored the relationship between paranoia, attachment and victimisation in a student population. A sample of high and low scorers on a measure of paranoia were interviewed in relation to their perceptions of trust/mistrust of others. The findings highlighted how different forms of adverse and positive experiences may affect a propensity for suspicious thinking. High and low scorers' ways of making sense of their experiences also highlighted several contextual and situational factors that exacerbate and/or protect against trust/mistrust. Results indicating that adverse interpersonal experiences mediate suspiciousness supports moves away from decontextualized and stigmatising diagnostic categories. The finding that paranoia was commonly experienced by a large nonclinical sample of students adds weight to this contention.

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6.0. APPENDICES

Appendix A: Questionnaire

Appendix B: Participant Information Letter (Phase 1: Questionnaire)

Appendix C: Participant Consent Form (Phase 1: Questionnaires)

Appendix D: Interview Schedule (Qualitative Phase)

Appendix E: Participant Information Letter (Phase 2: Semi-Structured Interviews)

Appendix F: Participant Consent Form (Phase Two: Qualitative Interview)

Appendix G: Line-by-Line and Focused Coding

Appendix H: Memo Examples

Appendix I: Ethical Approval

Appendix J: Participant Debrief Sheet (Phase One: Questionnaire)

APPENDIX A: QUESTIONNAIRE

Thank you for agreeing to participate in this study.

Please provide the following information:

1. Age: _____

Gender: Male ☐ Female ☐ Transgender ☐

2. Nationality: _____

3. Ethnicity: (please circle)

White – British
White – Irish
White - Turkish/Turkish Cypriot
White - Any other White background
Mixed – White and Black Caribbean
Mixed - White and Black African
Mixed - White and Asian
Mixed - any other mixed background
Asian or Asian British – Indian
Asian or Asian British – Pakistani
Asian or Asian British – Bangladeshi
Asian or Asian British - any other Asian background
Black or Black British – Caribbean
Black or Black British – African
Black or Black British – Somali
Black or Black British - any other background
Other ethnic groups – Chinese
Other ethnic groups - any other ethnic group
I do not wish to give my ethnic group

4. Sexual Orientation: (please circle)

Heterosexual
Gay or Lesbian
Bisexual
Prefer not to answer

5. Religious or Spiritual Affiliations: _____

6. What is the highest level of education you have completed? (Please circle)

University (e.g. bachelors degree, masters degree, doctorate)
Further education (A-level or equivalent)
Secondary school (e.g. GCSE or equivalent)
Primary school only (or less) university or college or equivalent

7. Level of Study: Undergraduate ☐
Postgraduate ☐

8. Which occupation category best describes the chief income provider in your home household? (or parents' occupation if living in student accommodation/student household)

- ☐ Higher managerial, administrative or professional e.g. chief executive officer, senior civil servant, surgeon etc
- ☐ Intermediate managerial, administrative or professional e.g. bank manager, teacher, nurse
- ☐ Supervisory or clerical and junior managerial, administrative or professional e.g. shop floor supervisor, bank clerk, sales person etc
- ☐ Skilled manual worker e.g. electrician, carpenter etc
- ☐ Semi-skilled or unskilled manual worker e.g. assembly line worker, refuse collector, messenger etc
- ☐ Not working e.g. pensioners without private pensions and anyone living on basic welfare payments

Contact details: Telephone number: _____

Email Address: _____

9. Have you ever received support from mental health services with regards to suspicious thoughts? Yes ☐ No ☐

10. If you have experienced suspicious thoughts, are these the result of drug use?

Yes ☐ No ☐ NA ☐

A small number of people will be invited to attend a follow-up interview to explore their experiences in more detail. Those invited to participate in the second phase of the study are under no obligation to take part.

Thanks again for your participation in this study.

Green et al. Paranoid Thought Scales

Please read each of the statements carefully. They refer to thoughts and feelings you may have had about others over the last month. Think about the last month and indicate the extent of these feelings from 1 (Not at all) to 5 (Totally). Please complete both Part A and Part B. (N.B. Please do not rate items according to any experiences you may have had under the influence of drugs.)

Part A

	Not at all		Somewhat		Totally
1 I spent time thinking about friends gossiping about me	1	2	3	4	5
2 I often heard people referring to me	1	2	3	4	5
3 I have been upset by friends and colleagues judging me critically	1	2	3	4	5
4 People definitely laughed at me behind my back	1	2	3	4	5
5 I have been thinking a lot about people avoiding me	1	2	3	4	5
6 People have been dropping hints for me	1	2	3	4	5
7 I believed that certain people were not what they seemed	1	2	3	4	5
8 People talking about me behind my back upset me	1	2	3	4	5
9 I was convinced that people were singling me out	1	2	3	4	5
10 I was certain that people have followed me	1	2	3	4	5
11 Certain people were hostile towards me personally	1	2	3	4	5
12 People have been checking up on me	1	2	3	4	5
13 I was stressed out by people watching me	1	2	3	4	5
14 I was frustrated by people laughing at me	1	2	3	4	5
15 I was worried by people's undue interest in me	1	2	3	4	5
16 It was hard to stop thinking about people talking about me behind my back	1	2	3	4	5

Part B

		Not at all		Somewhat		Totally
1	Certain individuals have had it in for me	1	2	3	4	5
2	I have definitely been persecuted	1	2	3	4	5
3	People have intended me harm	1	2	3	4	5
4	People wanted me to feel threatened, so they stared at me	1	2	3	4	5
5	I was sure certain people did things in order to annoy me	1	2	3	4	5
6	I was convinced there was a conspiracy against me	1	2	3	4	5
7	I was sure someone wanted to hurt me	1	2	3	4	5
8	I was distressed by people wanting to harm me in some way	1	2	3	4	5
9	I was preoccupied with thoughts of people trying to upset me deliberately	1	2	3	4	5
10	I couldn't stop thinking about people wanting to confuse me	1	2	3	4	5
11	I was distressed by being persecuted	1	2	3	4	5
12	I was annoyed because others wanted to deliberately upset me	1	2	3	4	5
13	The thought that people were persecuting me played on my mind	1	2	3	4	5
14	It was difficult to stop thinking about people wanting to make me feel bad	1	2	3	4	5
15	People have been hostile towards me on purpose	1	2	3	4	5
16	I was angry that someone wanted to hurt me	1	2	3	4	5

The Relationship Scale Questionnaire (Griffin & Bartholomew, 1994)

Please read each of the following statements and rate the extent to which you believe each statement best describes your feelings about close relationships.
(you may wish to

- 1) Not at all like me
- 3) Somewhat like me
- 5) Very much like me

- 1. I find it difficult to depend on other people.
- 2. It is very important to me to feel independent.
- 3. I find it easy to get emotionally close to others.
- 4. I want to merge completely with another person.
- 5. I worry that I will be hurt if I allows myself to become too close to others.
- 6. I am comfortable without close emotional relationships.
- 7. I am not sure that I can always depend on others to be there when I need them.
- 8. I want to be completely emotionally intimate with others.
- 9. I worry about being alone.
- 10. I am comfortable depending on other people.
- 11. I often worry that romantic partners don't really love me.
- 12. I find it difficult to trust others completely.
- 13. I worry about others getting too close to me.
- 14. I want emotionally close relationships.
- 15. I am comfortable having other people depend on me.
- 16. I worry that others don't value me as much as I value them.
- 17. People are never there when you need them.
- 18. My desire to merge completely sometimes scares people away.
- 19. It is very important to me to feel self-sufficient.
- 20. I am nervous when anyone gets too close to me.
- 21. I often worry that romantic partners won't want to stay with me.

22. I prefer not to have other people depend on me.
23. I worry about being abandoned.
24. I am somewhat uncomfortable being close to others.
25. I find that others are reluctant to get as close as I would like.
26. I prefer not to depend on others.
27. I know that others will be there when I need them.
28. I worry about having others not accept me.
29. People often want me to be closer than I feel comfortable being.
30. I find it relatively easy to get close to others.

EVERYDAY DISCRIMINATION SCALE (WILLIAMS, YACKSON & ANDERSON, 1997)

In your day-to-day life, how often do any of the following things happen to you?

1. You are treated with less courtesy than other people are.
2. You are treated with less respect than other people are.
3. You receive poorer service than other people at restaurants or stores.
4. People act as if they think you are not smart.
5. People act as if they are afraid of you.
6. People act as if they think you are dishonest.
7. People act as if they're better than you are.
8. You are called names or insulted.
9. You are threatened or harassed.

Response categories for all items:

Almost everyday

At least once a week

A few times a month

A few times a year

Less than once a year

Never

Follow-up Question (Asked only of those answering "A few times a year" or more frequently to at least one question.):

What do you think is the main reason for these experiences?

OPTIONS

1. Your National Origin
2. Your Gender
3. Your Race
4. Your Age
5. Your Religion

6. Your Height
7. Your Weight
8. Your Sexual Orientation
9. Your Education or Income Level

APPENDIX B: PARTICIPANT INFORMATION LETTER (PHASE 1: QUESTIONNAIRE)

UNIVERSITY OF EAST LONDON

School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

The Principal Investigator(s)

Paul Deller: Email: u1438295@uel.ac.uk

Supervised by: Dr David Harper: Email: D.Harper@uel.ac.uk

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this research study. The study is being conducted as part of my Professional Doctorate in Clinical Psychology at the University of East London.

Project Title

Discrimination, early life experience, feelings of suspicion and relating to others.

What is the study about?

This study examines students' experiences of suspiciousness. It explores the relationship between past experiences and present perceptions of others.

What would taking part involve?

It would involve completing short questionnaires which should take no longer than fifteen minutes to complete. A small number of people who complete the questionnaires will be invited to take part in a follow-up interview. Please note that completion of the questionnaires does not commit you to attend a follow-up interview. You are free to withdraw from the study at any time.

What will happen to my data?

Each questionnaire will be assigned a code to which only the researcher has access. All information will be stored safely in encrypted files and devices and/or in a locked filing cabinet. When the interviews are typed up all names will be changed (e.g. you will be referred to by a pseudonym – fictional name – and not your real name).

Are there any risks involved?

As the questionnaires ask about feelings of suspicion towards others there is a slight risk of upset. If you feel upset and want to talk to someone the researcher can help with that. Similarly, for those who are invited to interview there is a slight risk of upset as the interviewer will explore experiences of relationships,

early life and of discrimination. If you feel upset during the interview then you can take a break and also withdraw from the interview.

Free Prize Draw

There is the possibility to be entered into two prize draws: one at the questionnaire stage and a second at the interview stage (should you wish to attend an interview). If you leave your contact details you will be entered into the first free prize draw for the chance to win a £25 gift voucher. Should you wish **not** to be entered into the prize draw please advise the researcher. Failure to complete the questionnaires will not disqualify you from the prize draw. You will also not be excluded from the prize draw should you decide to withdraw your data at a later date.

Disclaimer

Your participation in this study is entirely optional and voluntary. Those who decide to participate are free to withdraw at any time. You are also free to withdraw your data from the study at a later date should you decide. However, should you withdraw beyond the point of data analysis, the researcher reserves the right to use your anonymised data in the write-up of the study.

Please feel free to ask me any questions. If you are happy to continue you will be asked to sign a consent form prior to your participation. Please retain this letter for reference.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor [Dr David Harper, School of Psychology, University of East London, Water Lane, London E15 4LZ. Telephone: 020 8223 4021; Email: D.Harper@uel.ac.uk]

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mary Spiller, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Tel: 020 8223 4004. Email: m.j.spiller@uel.ac.uk)

Thank you in anticipation.

Yours sincerely,

Paul Deller

**APPENDIX C: PARTICIPANT CONSENT FORM (PHASE 1:
QUESTIONNAIRES)**

UNIVERSITY OF EAST LONDON

Consent to participate in a research study

Discrimination, early life experience, feelings of suspicion and relating to others

I have read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw after the point of analysis, the researcher reserves the right to use my anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name: PAUL DELLER

.....

Researcher's Signature

.....

Date:

APPENDIX D: INTERVIEW SCHEDULE (QUALITATIVE PHASE)

Introductions

Thank you for agreeing to take part in this research. The study is an exploration of suspiciousness, discrimination and relating with others in the student population. You were one of a number of people invited to take part in an individual interview. Today I will be asking you a number of questions about how your experiences have shaped your understanding of others and the world.

- Remind participant of consent, anonymity and right to withdraw at any time. Inform participant of length of interview i.e. a maximum of 60 minutes. Advise participant that they can take a break at any time.

[The following represents a rough guide detailing the structure and questions used during the interview. However, interviews were a fluid process and difficult to predict. Therefore, there were modifications to ordering of questions and prompts.]

Early Attachments/Relationships and Perception of Others

[specific examples asked throughout]

1. Could we begin by talking about your early family life?

- Probes: Where were you born? Where did you grow up? What is your memory of this time?
- Relationships with parents/caregiver as a young child
- When distressed as a child, how did you respond and how did your parents respond?
- Memories of first time separated from parents/caregiver? How did you and your parents/caregivers react?
- Parental response when they were unwell and when they did not achieve?
- How do you think your overall experiences with parents/caregiver affected perceptions of others? The World (i.e. trusting/mistrusting)? (ask for an example)
- Anything else about early experiences which may have influenced view of others as trustworthy/non-trustworthy (negatively/positively)
- Were there any other adults you were close to (other relatives, teachers etc)? What was the relationship like? Change/reinforce perception or others?

2. Other Friendships/Relationships and Perceptions of Others

- Memories of friendships (or lack of friendships) growing up. How would you describe this person/these people? Examples?
- How do you think your overall experiences of these friendships (or lack there of) influence your perception of others?

Other friendships after childhood (i.e. teenage years)

- Current friendships? How would you describe this person/these people? How do you think your overall experiences of these friendships (or lack thereof) have influenced your perception of others?
- Past intimate relationships? How would you describe that person? What memories illustrate this? Effects on perceptions of others?
- Current relationships? How would you describe this relationship/that person? Effects on how you perceive others?

Experiences of Feeling Victimised/Privileged and Perception of Others

- Have you ever been victimised or discriminated against? Can you tell me about this? (examples) How did it affect your view of yourself, others and the world? (examples)
- Have you ever been bullied? Can you tell me more about this? Examples? Effect on perceptions of others?
- Ever felt treated more favourably/privileged than others because of certain characteristics or demographics i.e. gender, age, race, religion, sexual orientation, class? Effect on perceptions of others and the world?

Prompts: what memories come to mind that might illustrate this?; can you think of a specific time that happened?; how did you feel?; how do you make sense of that?.

Participant Debrief

- Provide participants with debrief sheet.
- Ask participants whether they have any questions.
- Ask participants how they are feeling following the interview.
- Ask participants whether the interview has caused any psychological distress.
- Refer to appropriate statutory and non-statutory services should the participant need support (this was not required but information sheets with support services provided to all participants).
- Option for researcher to discuss any concerns with Director of Studies should I have had concerns about the welfare of the participant or the safety of others (this was not necessary).

APPENDIX E: PARTICIPANT INFORMATION LETTER (PHASE 2: SEMI-STRUCTURED INTERVIEWS)

UNIVERSITY OF EAST LONDON

School of Psychology, Stratford Campus, Water Lane, London E15 4LZ

The Principal Investigator

Paul Deller Email: u1438295@uel.ac.uk

Supervised by: Dr David Harper: Email: D.Harper@uel.ac.uk

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider when deciding to participate in this research study. The study is being conducted as part of my Doctorate in Clinical Psychology at the University of East London.

Project Title

Discrimination, early life experience, feelings of suspicion and relating to others.

You will be invited to discuss your experiences of relating to others, victimisation and suspiciousness during a one-to-one interview. Interviews will last up to 60 minutes.

What is the study about?

As you will be aware from completing the questionnaires, this study examines students' experiences of suspicion of others. It also explores the relationship between past experiences and our perceptions of others.

What would taking part involve?

Thank you for completing the questionnaires. We have selected a small number of people to interview and we would now like to interview you. The interview will be about your experiences of relating to others (both earlier and more recent experiences) and experiences of being treated differently by others. Interviews will last approximately 60 minutes and are based at the University of East London.

Concerns of Safety

Confidentiality would only be breached if the researcher became concerned about your safety or the safety of others during the interview. The researcher would endeavour to discuss this with you first.

Free Prize Draw

You will now be entered into a second free prize draw for the chance to win a £25 gift voucher. Should you wish **not** to be entered into the prize draw please advise

the researcher. You will not be excluded from the prize draw should you decide to withdraw from an arranged interview or withdraw your data at a later date.

Disclaimer

Your participation in this study is entirely optional and voluntary. Those who decide to participate are free to withdraw at any time. You are also free to withdraw your data from the study at a later date should you wish. However, should you withdraw beyond the point of data analysis, the researcher reserves the right to use your anonymised data in the write-up of the study.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor [Dr Dave Harper, School of Psychology, University of East London, Water Lane, London E15 4LZ. Telephone: 020 8223 4021. Email address: D.Harper@uel.ac.uk]

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mary Spiller, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Tel: 020 8223 4004. Email: m.j.spiller@uel.ac.uk)

Thank you in anticipation.

Yours sincerely,

Paul Deller

APPENDIX F: PARTICIPANT CONSENT FORM (PHASE TWO: QUALITATIVE INTERVIEW)

UNIVERSITY OF EAST LONDON

Consent to participate in a research study

Discrimination, early life experience, feelings of suspicion and relating to others.

I have read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give a reason. I also understand that should I withdraw, the researcher reserves the right to use my anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name: PAUL DELLER

.....

Researcher's Signature

.....

Date:

APPENDIX G: LINE-BY-LINE AND FOCUSED CODING

Initial coding included utilising participants' own words where possible to ensure closeness of fit with the data. Multiple focused codes capturing larger amounts of data at a higher conceptual level were then developed. Over eighty focused codes were subsequently grouped together with similar codes that appeared to share common characteristics (examples of David, Elizabeth and Paul below).

<u>Focused Coding</u>	<u>Initial Coding</u>	
	Enquiring about childhood memories	Interviewer: Okay, perhaps you could start by telling me a little bit about where you grew up and your memory of this time?
	Describing family constellation, recounted modest upbringing, 'only' child,	David: Okay, where I grew up. I grew up in [location in the UK], in a place called [location in UK], which is near [location in UK], and was an o...so, so yeah, only child of two parents and, yeah, lived in fairly modest house and my dad was suppose what you would call working class. He worked for [a bank], so, and my memory, yeah my memory of it, I think, at the time, well my memory of it when I was experiencing it I think was positive, you know. I think I...I think my parents had very good intentions with everything they did. I mean, I've been in therapy, like, for a couple of years and so there's things that I've sort of, I guess, reflected on and discovered that maybe weren't as healthy as I thought they were, but it was o-, you know, not to the point where I'm angry with my parents or anything, it's just that they were doing their best and so I've sort of gone through that being angry stage and now sort of understand why did what they did. So I think in general, at the time, it was, you know, a good childhood and, on reflection, you know, I'm glad I experienced what I experienced because it makes me who I am now, which is a bit of a cliché but that's how I feel about it, I think.
Changing/reappraising perceptions	Working class	
	Changing memories/perceptions, positive memories,	
Reflecting on others' intentions/understanding other	Recognising parent's good intentions/exonerating parents Therapy, process of reflection/Self-discovery, weren't so healthy, reappraising parenting, denying anger, recognising best intentions/limitations of parents, past angry phase, process to understanding and acceptance, experiences as developmental and shaping	
Journey/process of discovery/understanding		
Changing/Reappraising perceptions		
Reframing negative experiences as positive		

Focused Coding	Initial Coding	
Assumption of trust/others as trustworthy	Reflecting on positive perceptions/naively optimistic/ people neutral/no agenda	Interviewer:...he told you and you knew it. I was wondering how those experiences impacted on your view of others and the world?
	Concerned about perception of other, worried what other people will think, in healthy way	
	Interested in understanding people, don't perceive others as a threat, happy to chat to strangers, comfortable in different situations, helping people,	Elizabeth: I don't know. I think I'm probably naively optimistic. I don't think I, I don't meet people and think they've got an agenda. I think I worry what other people think about me, but I'm not sure that that's in any kind of like unhealthy way, probably just in a way that, my god I hope that they think we're getting on, kind of thing. And I went, I don't, yeah like when I meet people I'm just quite interested to meet people and find out about them, I don't, I don't really think that people pose a threat to me. I'm quite happy to like chat to someone on a train, for example. Or on a bus or like on a plane, you know like when you have a journey and you have to sit next someone for ages. At those times, I'm happy to be like hi, like, you okay or help someone with their bag. I don't think it's, I'm quite kind of just open and interested and I think because of actually my dad's jobs when he was like working in [father's profession] he'd talk, sometimes talk about the kind of people that he was working with and I got a bit of an insight that actually like people can have really difficult lives, but just because they've done something wrong doesn't make them a bad person and doesn't necessarily mean they're dangerous as well.
understanding others perspective	Self as interested and open, and helpful, open and interested	
Bringing an assumption of trust in relationships	Relating openness to father's profession	
	Attributing openness to lesson from father, talking with father, people have difficult lives, doesn't make people bad, drawing on context	
	Understanding peoples position, people as not dangerous	

Focused Coding	Initial Coding	
Feeling marginalized/excluded	Memory of sailing, meant to spend time with parents, wasn't old enough, shipped off to grandparents, feeling upset, being yanked away, siblings all having fun, being excluded/left out, upset/yanked away, feeling upset, yanked away	<p>Paul: ...So we go sailing and there was some sailing week where we were obviously meant to be doing things with my parents like sailing and I wasn't old enough to do it so I was sort of shipped off to the grandparents. And I remember feeling very upset that I was being yanked away and leaving my siblings to all have fun sailing and there's me having to go and sit with my grandparents for a week. Yeah, I just really remember being quite upset that I was being sort of yanked away.</p> <p>Interviewer: So that was more about maybe missing out on something or being excluded in some way?</p> <p>Paul: Quite possibly I think, yeah.</p> <p>Interviewer: Do you remember how that felt?</p>
Lack of connection/attention from parents/unavailable parents	Unsure what made me unhappy, comparing self to friends regarding separation from parents, never had separation problems, family desperate to get away from each other, went away, friends missing home, only got one email and telephone call from parents	<p>Paul: I don't know whether that was one of the things that was making me so unhappy about it. I don't know. Some of my friends definitely struggled to go away from their family. We've never had that in our household ever. Everyone was desperate to get away from the rest of the family [laughs]. Yeah. I moved to [location in Europe] a few months ago, and some of my friends were missing home and had gone back and visited and things and I've had one email and one telephone call from my parents. That's it.</p> <p>Interviewer: Do you prefer that, maybe having a little less contact, or do you crave for a little bit more?</p>
Craving attention from parents	Would like a little more contact, perceiving friends contact as excessive, would have liked more contact with parents	<p>Paul: I'd like a little bit more but not as much as visiting. Some of my friends have literally gone back and visited three or four times with three months to go. Maybe not that much but maybe another phone call or two would be pretty good.</p>

Examples of Focused Codes Within Categories

Over eighty codes were initially created. Some examples of focused codes within core categories and subcategories are listed below.

Effects of Adversity

Absent/unavailable parents
Absent/affectionless/disconnected mother
Critical mother
Weight-based bullying
Experience of bullying
Feeling marginalised
Feeling excluded
Feeling insecure in relationships
Impact of mistrust in relationships
Feelings evoked by victimisation
Recognising sexual harassment
Feeling wary
Feeling self-conscious

Ameliorative Relationships

Secure family unit/available parents
Feeling unconditional love/support from parents
Responsive/comforting parenting
Recounting fond/bonding memories
Comforting/responsive/affectionate mother
Friendships challenged negative preconceptions
Natural/genuine friendships
Feeling valued and accepted in friendships
Having a sense of identity within friendships

The Examined Life

Making links between past experiences and present difficulties
Reflecting on derivation of difficulties

Remembering shaping incidents
Desire for greater understanding of self
Making sense of own behaviour
Learning from experiences
Journey/process of discovery/understanding
Lessons learned/reflecting on things differently
Employing psychological theory to aid understanding

Understanding Other

Empathising with others' distress
Putting self in others' positions
Making sense of others' behaviours
Understanding others' perspectives
Reflecting on parents' emotional states/personalities
Reflecting on family dynamic/understanding
Questioning if others mean what they say
People as potentially deceptive
Questioning others' intentions

Doing Things Differently/Reflecting Inaction

Resisting 'black and white' thinking
Recognising impact of expectations/beliefs/behaviours on others in the moment
Using self-talk/affirmations
Reassuring self
Challenging negative thoughts
Managing/coping strategies
Reflecting on behaviour/strategies for trust in the moment

APPENDIX H: MEMO EXAMPLES

Initial Reflections on Interview with David (4.11.2016)

I noticed that David appeared to try to make sense of other peoples' behaviours when reflecting on the impact of past adverse experiences. He commonly used psychological theories to conceptualise/understand negative experiences with his mother during childhood. I wonder whether increased insight into the impact of these experiences on his perceptions of others served a protective function against developing a paranoid thinking style. It may also remove the pain/negative judgment on self, thereby depersonalising the experience. This could be viewed as a positive coping strategy, whereas personalising interpretations could lead to a paranoid thinking style. This experience appeared to be mediated by having a space to reflect on past experiences. David talked about using personal therapy to link the effect of past experiences on his perceptions of others. I wonder whether the space to reflect on past experiences will be a useful avenue for exploration in future interviews? It might be worth pursuing this line of enquiry should other participants talk about enhanced reflectivity as changing their perceptions of others. Consider including this on the interview schedule.

Initial Reflections on Interview with Sarah (10.11.2016)

Sarah appeared reflective of her earlier life experiences and was able to appraise these relationships differently with time. While she described difficult periods during her childhood, particularly with her mother, Sarah was able to reflect on possible intergenerational factors when understanding her mother's behaviour (i.e. overprotectiveness etc).

Despite having tumultuous relationships with friends and boyfriends, Sarah has not generalised these experiences to other areas of her life in terms of her trust for others. I wonder whether friendships at sixth form served as reparative relationships? I also wonder whether Sarah would have had a different perception of people should she not have had these experiences of good relationships? It is interesting that identity was an important factor during secondary school. Sarah does not appear to have been accepted; however, she

appeared to have been valued for being herself at sixth form. I wonder whether invalidation of one's character through peers impacts views of others. I also wonder what distinguishes her experience of being marginalised from participants who scored higher on the GTPS.

Sarah was able to recognise experiences of discrimination/sexual harassment and link how these experiences made her feel, and how they have impacted her perceptions of others. I wonder whether this allows her to bracket these experiences and not globalise them to everyone. She was also able to contextualise them and draw on her understanding of sexism. Could it be that people high in paranoia are less aware of the mechanics of discrimination? This could mean that discrimination is personalised. The person may also be less likely to contextualise these experiences and personalise them thereby understandably feeling that they are being singled out for attack which could lead to increased vigilance of threat from others. Sarah recognised how discrimination made her feel but also recognised that what the person was doing was wrong. She was also able to draw on theory and education to understand these experiences. One implication for the design of this study is that students might be deemed to have more theoretical frameworks to draw upon.

In terms of how Sarah received me, I wonder whether being a male of a similar age affected what she told me? (e.g. holding more negative and generalised views towards men but not feeling as comfortable to reflect on this in my presence).

Note on Developing Category of 'Understanding Others' (March 2017)

Focused codes: 'empathising with others' distress', 'making sense of others' position', 'understanding others' perspective' etc. all appear to conceptualise the positioning of understanding other/empathising with other. This appears to be common in most low scorers' accounts whereas high scorers' attempts to understand others are framed towards negative interpretations of others' behaviours (i.e. focused codes predicting/anticipating threat, malevolent intentions etc). I wonder whether these represent distinct categories or whether they are reflective of the same higher ordinate category. For example, these

experiences could represent disparate thinking styles or be viewed as a continuum of understanding others. Given the conceptual overlap I am inclined to include them as distinct subcategories but under one overarching core category.

Notes on The Examined Life Category (March 2017)

It is currently unclear whether 'doing things differently/reflecting in action' is a separate category reflecting a continuum of self-talk/coping strategy (i.e. critical/blaming self at one end and reassuring/questioning negative perceptions at the other), or whether it represents a subcategory of The Examined Life (i.e. is part of a journey of reflection and behaviour change). Alternatively, the subcategory of Anticipating Threat in core category Understanding Other could be integrated into this category as interpreting malintent in others could be viewed as an inability to challenge negative beliefs. Continue to conduct constant comparative analysis with codes and extracts to ensure categories are distinct or qualitatively similar. Currently, participants' accounts of anticipating threat/speculating about others' intentions seem to represent an attempt to understand others, whereas challenging negative beliefs/perceptions was primarily concerned with self and appeared to follow increased reflectivity, therefore more closely fitting a journey of self-reflection. Moreover, doing things differently/reflecting-in-action appears to be more about thinking about the present or future whereas Understanding Other is primarily reflecting historically to understand others' impact on us.

APPENDIX I: ETHICAL APPROVAL

A. Original Ethics Approval Certificate

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

<p>For research involving human participants BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology</p>
--

REVIEWER: John Turner

SUPERVISOR: David Harper

COURSE: Professional Doctorate in Clinical Psychology

STUDENT: Paul Deller

TITLE OF PROPOSED STUDY: Discrimination, early life experience, feelings of suspicion and relating to others

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.
3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

APPROVED

Minor amendments required *(for reviewer):*

Major amendments required *(for reviewer):*

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH ☐

MEDIUM ☐

LOW ☐

Reviewer comments in relation to researcher risk (if any): There is a slight risk that the interviews may yield upsetting details for both interviewee and interviewer, but the risk seems very low.

Reviewer *(Typed name to act as signature):* John Turner

Date: 09.05.2016

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

Confirmation of making the above minor amendments *(for students):*

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature):* Paul Deller

Student number: U1438295

Date: 10.05.2016

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

PLEASE NOTE:

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here:

<http://www.uel.ac.uk/gradschool/ethics/fieldwork/>

B. Amended Ethics Approval Certificate

**UNIVERSITY OF EAST LONDON
School of Psychology**

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Mary Spiller (Chair of the School Research Ethics Committee).

HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. When submitting this request form, ensure that all necessary documents are attached (see below).
4. Using your UEL email address, email the completed request form along with associated documents to: Dr Mary Spiller at m.j.spiller@uel.ac.uk
5. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.
6. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

REQUIRED DOCUMENTS

1. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.
2. Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form etc.
3. A copy of the approval of your initial ethics application.

Name of applicant: Paul Deller

Programme of study: Professional Doctorate in Clinical Psychology

Title of research: Exploring the Relationship between Paranoia, Attachment and Victimisation in a Student Population. Short title: Discrimination, early life experience, feelings of suspicion and relating to others

Name of supervisor: Dr David Harper

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
In the approved proposal it was stipulated that participants who had accessed mental health services for paranoid ideation would be excluded from the dataset. However, after careful consideration we would now like to	When planning the project we had hoped that high scorers on the paranoia measure would not have accessed mental health services for paranoia. However, having recruited over 150 students the majority of high scorers

<p>include this group in the study. This would include the option of inviting some of these participants to the interview phase of the study should they meet the eligibility criteria (i.e. fall within the 6 highest or lowest scoring paranoia groups).</p> <p>Should participants who have accessed mental health services be invited for interview, the researcher (a third year trainee clinical psychologist) will monitor the interviewee's emotional state for signs of distress which might lead to risk. They will discuss any concerns with the DoS (a qualified clinical psychologist) after interview to discuss appropriate action to be taken. All participants will be offered information about appropriate sources of support at the debrief stage. If the participant is currently accessing a mental health service or has recently been in contact with one and is in distress the researcher will encourage them to make contact with the service. The researcher will offer to make contact on the person's behalf if they would prefer this and give their consent and give the researcher the service's contact details.</p>	<p>have reported some previous contact. In addition, upon reflection, given that the study is following on research showing that paranoia is normally distributed in the population, it is perhaps contradictory to exclude high scorers on measures simply because they have accessed mental health services. Excluding participants who had accessed mental health services would result in the loss of potentially rich and valuable information. It is argued that those people who have accessed mental health services due to suspicious thoughts might have useful insights into how their attachment experiences and/or experiences of discrimination might have influenced how they view the world and other people.</p>
--	---

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	X	

Student's signature (please type your name): Paul Deller

Date: 18/10/2016

TO BE COMPLETED BY REVIEWER		
Amendment(s) approved	YES	
Comments		

The amendment request is well explained, justified and ethical so the request is approved.

Further to the request and its approval, however, it is noted that the Participant Invitation Letter for interview does not say why a participant is being invited to interview (the application form refers to score on the paranoia thoughts scale as the criteria for interview). Without necessarily making this explicit on the interview invitation letter and risk reinforcing paranoia and possible distress, it would be ethically prudent to mention something. Perhaps this could be along the lines of being interested to hear more about your experience, for example. Please note that this is not a condition of the approval to amend sample inclusion criteria but a comment for the researcher to consider.

Reviewer: Mark Finn

Date: 8.11.2016

C. Original Completed Ethics Application form

While the form below describes a study incorporating a mixed-methods design: 1) a multiple regression analysis of quantitative data, and 2) a grounded theory of qualitative data; the researcher and Director of Studies agreed to focus solely on the qualitative part of the research after collecting the questionnaires (i.e. only the GTPS was incorporated in the study (as a screening tool) and the details from the participant characteristic questionnaire to gather the sample's characteristics. This led to qualitative semi structured interviews and subsequent grounded theory analysis). Therefore, data from the other two quantitative questionnaires mentioned in the ethics form were not used, and a multiple regression analysis was not performed. A qualitative focus on subjective experiences was prioritised due to the restrictions of the thesis (i.e. wordcount) and richness of data produced from participant interviews. Ethical approval for this change was not required, as instructed by the Researcher's Director of Studies.

**UNIVERSITY OF EAST LONDON
School of Psychology**

**APPLICATION FOR RESEARCH ETHICS APPROVAL
FOR RESEARCH INVOLVING HUMAN PARTICIPANTS**

FOR BSc RESEARCH

FOR MSc/MA RESEARCH

FOR PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY

*Students doing a Professional Doctorate in Occupational & Organisational Psychology and PhD candidates should apply for research ethics approval through the University Research Ethics Committee (UREC) and not use this form. Go to:

<http://www.uel.ac.uk/gradschool/ethics/>

If you need to apply to have ethical clearance from another Research Ethics Committee (e.g. NRES, HRA through IRIS) you DO NOT need to apply to the School of Psychology for ethical clearance also.

Please see details on www.uel.ac.uk/gradschool/ethics/external-committees.

Among other things this site will tell you about UEL sponsorship

Note that you do not need NHS ethics approval if collecting data from NHS staff except where the confidentiality of NHS patients could be compromised.

Before completing this application please familiarise yourself with:

The *Code of Human Research Ethics* (2014) published by the British Psychological Society (BPS). This can be found in the Ethics folder in the Psychology Noticeboard (Moodle) and also on the BPS website

http://www.bps.org.uk/system/files/Public%20files/code_of_human_research_ethics_dec_2014_in180_web.pdf

And please also see the UEL Code of Practice for Research Ethics (2015)

<http://www.uel.ac.uk/gradschool/ethics/>

HOW TO COMPLETE & SUBMIT THIS APPLICATION

7. Complete this application form electronically, fully and accurately.
8. Type your name in the 'student's signature' section (5.1).
9. Include copies of all necessary attachments in the **ONE DOCUMENT SAVED AS .doc** (See page 2)
10. Email your supervisor the completed application and all attachments as **ONE DOCUMENT**. INDICATE 'ETHICS SUBMISSION' IN THE SUBJECT FIELD

OF THIS EMAIL so your supervisor can readily identify its content. Your supervisor will then look over your application.

11. When your application demonstrates sound ethical protocol your supervisor will type in his/her name in the 'supervisor's signature' section (5.2) and submit your application for review (psychology.ethics@uel.ac.uk). You should be copied into this email so that you know your application has been submitted. It is the responsibility of students to check this.
12. Your supervisor should let you know the outcome of your application. Recruitment and data collection are **NOT** to commence until your ethics application has been approved, along with other research ethics approvals that may be necessary (See 4.1)

ATTACHMENTS YOU MUST ATTACH TO THIS APPLICATION

4. A copy of the invitation letter that you intend giving to potential participants.
5. A copy of the consent form that you intend giving to participants.
6. A copy of the debrief letter you intend to give participants (see 23 below)

OTHER ATTACHMENTS (AS APPROPRIATE)

- A copy of original and/or pre-existing questionnaire(s) and test(s) you intend to use.
- Example of the kinds of interview questions you intend to ask participants.
- Copies of the visual material(s) you intend showing participants.
- A copy of ethical clearance or permission from an external organisation if you need it (e.g. a charity or school or employer etc.). Permissions must be attached to this application but your ethics application can be submitted to the School of Psychology before ethical approval is obtained from another organisation if separate ethical clearance from another organisation is required (see Section 4).

Disclosure and Barring Service (DBS) certificates:

- **FOR BSc/MSc/MA STUDENTS WHOSE RESEARCH INVOLVES VULNERABLE PARTICIPANTS:** A scanned copy of a current Disclosure and Barring Service (DBS) certificate. A current certificate is one that is not older than six months. This is necessary if your research involves young people (anyone 16 years of age or under) or vulnerable adults (see Section 4 for a broad definition of this). A DBS certificate that you have obtained through an organisation you work for is acceptable as long as it is current. If you do not have a current DBS certificate, but need one for your research, you can apply for one through the HUB and the School will pay the cost.

If you need to attach a copy of a DBS certificate to your ethics application but would like to keep it confidential please email a scanned copy of the certificate

directly to Dr Mary Spiller (Chair of the School Research Ethics Committee) at m.j.spiller@uel.ac.uk

- **FOR PROFESSIONAL DOCTORATE STUDENTS WHOSE RESEARCH INVOLVES VULNERABLE PARTICIPANTS:** DBS clearance is necessary if your research involves young people (anyone under 16 years of age) or vulnerable adults (see 4.2 for a broad definition of this). The DBS check that was done, or verified, when you registered for your programme is sufficient and you will not have to apply for another in order to conduct research with vulnerable populations.

Your details

1. **Your name:** Paul Deller
2. **Your supervisor's name:** Dr Dave Harper
3. **Title of your programme:** (e.g. BSc Psychology): Professional Doctorate in Clinical Psychology

Title of your proposed research: (This can be a working title): Exploring the Relationship between Paranoia, Attachment and Victimisation in a Student Population. Short title: Discrimination, early life experience, feelings of suspicion and relating to others

- 4.
5. **Submission date for your BSc/MSc/MA research:** NA
6. **Please tick if your application includes a copy of a DBS certificate** ☐
7. **Please tick if you need to submit a DBS certificate with this application but have emailed a copy to Dr Mary Spiller for confidentiality reasons (Chair of the School Research Ethics Committee) (m.j.spiller@uel.ac.uk)** ☐
8. **Please tick to confirm that you have read and understood the British Psychological Society's Code of Human Research Ethics (2014) and the UEL Code of Practice for Research Ethics (See links on page 1)** ☒

2. About the research

9. **The aim(s) of your research:**

Quantitative: To investigate the relationship between attachment, perceived discrimination and paranoia in a non-clinical student sample
Qualitative: To explore experiences of attachment, victimisation and positive relational experiences in two groups: high and low scorers on a measure of paranoia
13.

10. Likely duration of the data collection from intended starting to finishing date:

From receipt of ethical approval - May 2017.

Methods

11. Design of the research:

(Type of design, variables etc. If the research is qualitative what approach will be used?)

A mixed methods design incorporating quantitative and qualitative phases will be employed.

The quantitative phase adopts a correlational design. Data will be collected from three self-report questionnaires (Green et al Paranoid Thoughts Scale, Relationship Scale Questionnaire and the Everyday Discrimination Scale. Participants' scores on the four attachment types (RSQ, 1994) and the EDS (1997) represent 5 independent variables in the proposed research. Scores recorded on the GPTS (2008) denote the dependent variable.

Participants will be screened and selected for the second phase based on their paranoia scores. The qualitative phase will involve collecting data via semi-structured interviews from selected participants. This involves the facilitation of individual 90 minute semi-structured interviews. This part of the study will focus on how participants make sense of their experiences of attachments, relationships and victimisation in relation to their perceptions of others.

Participants with GPTS scores that fall within the sample's highest and lowest range will be recruited. 12 participants will be recruited (6 high scorers and 6 low scorers). Grounded theory will be employed to analyse the data.

12. The sample/participants:

(Proposed number of participants, method of recruitment, specific characteristics of the sample such as age range, gender and ethnicity - whatever is relevant to your research)

The sample will consist of undergraduate and postgraduate students aged 18 or above attending London based universities. As paranoia resulting from drug use represents a potential confounding variable, students reporting this experience will be removed from the dataset. Participants accessing mental health services for paranoid ideation will also be excluded.

Gpower 3.1 A-Priori testing was utilised to calculate the required number of participants for adequate statistical power. The researcher will endeavour to recruit a minimum of 138 participants. Participants from UEL will be recruited via convenience sampling on campus, poster advertising and email canvassing. Students from other London based universities will be recruited via online social networking sites and university email.

Following completion of phase one, two groups of participants will be recruited according to their scores on the Green et al (2008) Paranoid Thoughts Scale (GPTS) Those with the highest and the lowest GPTS scores will be interviewed until a sample of six in each group has been recruited.

13. Measures, materials or equipment:

(Give details about what will be used during the course of the research. For example, equipment, a questionnaire, a particular psychological test or tests, an interview schedule or other stimuli such as visual material. See note on page 2 about attaching copies of questionnaires and tests to this application. If you are using an interview schedule for qualitative research attach example questions that you plan to ask your participants to this application)

Phase one will involve collecting quantitative data via the Green et al Paranoid Thoughts Scale (2008); Relationship Scale Questionnaire (RSQ, Griffin & Bartholomew, 1994); and the Everyday Discrimination Scale (EDS, Williams, Yu, Jackson & Anderson). Demographic information (i.e. age, gender, socio-economic status, ethnicity, religion) will also be obtained during phase one via a questionnaire. Contact information will also be requested to facilitate recruitment for phase 2 semi-structured interviews.

The GPTS (2008) is a standardised self-report measure of paranoia consisting of two 16-item scales measuring for ideas of social reference and persecution. The measure has good validity and internal consistency. Cronbach's α values include .95 in a non-clinical sample (Green, 2008).

The RSQ (1994) includes 17-items to assess attachment patterns. It captures scores of secure attachment, fearful attachment, preoccupied attachment and dismissing attachment. While the intraclass coefficients were modest (ICC 0.70) it has recorded good factorial analysis scores. The construct validity studies on an adult sample indicate good psychometric properties of the RSQ (Guedeney, Fermanian & Bifulco, 2009).

The EDS (1997) has been validated as a reliable measure of perceived discrimination (Krieger et al, 2005). It comprises of 9-items assessing perceived discrimination over the course of an individual's lifetime. Participants are asked to rate the frequency of 9 discriminatory events.

Semi-structured interviews will follow an interview schedule. Questions focus on how participants make sense of their experiences of attachments, relationships and victimisation in relation to their perceptions of others.

A password protected computer, filing cabinet, audio-recording devices, transcribing equipment and SPSS Statistics Software will be employed in the proposed study.

14. If you are using copyrighted/pre-validated questionnaires, tests or other stimuli that you have not written or made yourself, are these questionnaires and tests suitable for the

age group of your participants?

YES

15. Outline the data collection procedure involved in your research:

(Describe what will be involved in data collection. For example, what will participants be asked to do, where, and for how long?)

Phase One:

Participants from University of East London will be recruited via convenience sampling on campus, poster advertising and email canvassing. They will have the option to either complete a paper questionnaire or to complete an electronic version via an online survey. Students from other London based universities will be recruited via online social networking sites and university email. Students outside of UEL will be invited to complete the online survey

Phase one will involve collecting quantitative data via the Green Paranoid Thoughts Scale (2008); Relationship Scale Questionnaire (RSQ, Griffin & Bartholomew, 1994); and the Everyday Discrimination Scale (EDS, Williams, Yu, Jackson & Anderson). Demographic information will also be obtained via a questionnaire. Each of the aforementioned questionnaires takes less than 10 minutes to complete. Participants will be made aware that a small number of people will be invited to attend an interview. It will be made clear that completing the questionnaires does not oblige them to take part in the interview.

Participants volunteering to take part in the study will be provided with an information sheet before completing the questionnaires. The information sheet details the purpose of the study and explains participants' right to withdraw at any stage. Participants will then be invited to ask questions that they may have pertaining to the study. Participants agreeing to participate in the study will then be asked to complete a consent form. Following completion of the questionnaire, participants will be provided a debrief sheet, which details various support services.

Phase Two:

Following completion of phase one, two groups of participants will be recruited according to their scores on the Green et al (2008) Paranoid Thoughts Scale (GPTS). Participants will have been made aware of the possibility of being recruited during phase one. A minimum of 12 participants with the lowest and highest scorers on the GPTS will be invited to take part in individual semi-structured interviews. They will be reminded that their participation is optional and that they are free to withdraw at any stage. Participants will be provided with an information sheet detailing the purpose of the study. Those agreeing to continue with the study will be asked to complete a consent form.

The interview will last up to 90 minutes, be audio-recorded and will take place in a private room at the University of East London. The interview will focus on how participants make sense of their experiences of attachments, relationships and victimisation in relation to their perceptions of others. Participants displaying signs of distress during the interview will be invited to take a break and reminded of their right to

withdraw. Following completion of the interview, participants will be provided with a debrief sheet, detailing a number of support services. They will also be debriefed verbally by the researcher. Should logistical reasons prevent selected participants from attending interview, they may be offered a telephone interview which will be recorded and consent will be obtained verbally and via their digital signature recorded on the online survey tool. Debrief will be given verbally and the debrief information sheet will be made available via the online survey tool or email.

3. Ethical considerations

Please describe how each of the ethical considerations below will be addressed:

16. Fully informing participants about the research (and parents/guardians if necessary): Would the participant information letter be written in a style appropriate for children and young people, if necessary?

All participants in the study will be aged 18 or above. Participants will be provided with an information sheet detailing the study at both phases. They will be encouraged to ask any questions they may have pertaining to the study. To avoid unnecessarily worrying participants, they will not be advised that they have been recruited by reference to their scores on the paranoia inventory. However, all participants will be offered a list of statutory and non-statutory support services that they will be encouraged to access should they experience concerns about their experiences and if the researcher is concerned about any participant's mental health he will discuss this with the Director of Studies.

17. Obtaining fully informed consent from participants (and from parents/guardians if necessary): Would the consent form be written in a style appropriate for children and young people, if necessary? Do you need a consent form for both young people and their parents/guardians?

An information sheet and consent form will be provided to participants during both phases of the study. It will be noted that some participants will be invited to attend the second phase of the study should they agree to this. Participants will be informed of their right to withdraw from the study at any stage. An information sheet detailing various support services will also be provided.

The proposed study will be recruiting people 18 or above.

18. Engaging in deception, if relevant:

(What will participants be told about the nature of the research? The amount of any information withheld and the delay in disclosing the withheld information should be kept to an absolute minimum.)

The proposed study will not engage in any participant deception.

19. Right of withdrawal:

(In this section, and in your participant invitation letter, make it clear to participants that 'withdrawal' will involve deciding not to participate in your research and the opportunity to have the data they have supplied destroyed on request. This can be up to a specified time, i.e. not after you have begun your analysis. Speak to your supervisor if necessary.)

Recruited participants will be advised of their right to withdraw from the study at all stages of the research. This will be documented in the information sheet, consent form and debrief forms. Participants will also be informed of their right to have any data they provide withdrawn up until the point of data analysis.

20. Anonymity & confidentiality: (Please answer the following questions)

20.1. Will the data be gathered anonymously?

(i.e. this is where you will not know the names and contact details of your participants? In qualitative research, data is usually not collected anonymously because you will know the names and contact details of your participants)

NO

21. If NO what steps will be taken to ensure confidentiality and protect the identity of participants?

(How will the names and contact details of participants be stored and who will have access? Will real names and identifying references be omitted from the reporting of data and transcripts etc? What will happen to the data after the study is over? Usually names and contact details will be destroyed after data collection but if there is a possibility of you developing your research (for publication, for example) you may not want to destroy all data at the end of the study. If not destroying your data at the end of the study, what will be kept, how, and for how long? Make this clear in this section and in your participant invitation letter also.)

Participant confidentiality will be maintained through the anonymising of all identifiable information. Anonymised codes will be developed and assigned to participants so that participant information can be stored separately i.e. paper questionnaires from electronic data. Electronic data will be saved on encrypted devices and hardcopy materials will be stored in locked cupboards.

Interviews will be transcribed by the researcher only. Transcripts will be anonymised, as will extracts documented in the thesis and any subsequent publications. Individual electronic audio and word-processing files of interview transcripts will be password-protected. Audio-recordings will be erased following completion of the study. Some electronic, anonymised copies of transcripts may be stored securely for development of possible future publications. However, all data will be destroyed within 5 years of the studies completion.

22. Protection of participants:

(Are there any potential hazards to participants or any risk of accident or injury to them? What is the nature of these hazards or risks? How will the safety and well-being of participants be ensured? What contact details of an appropriate support organisation or agency will be made available to participants in your debrief sheet, particularly if the research is of a sensitive nature or potentially distressing?)

N.B: If you have serious concerns about the safety of a participant, or others, during the course of your research see your supervisor before breaching confidentiality.

It is possible that completing the questionnaires or participating in the interview may cause distress. The researcher will monitor this and encourage participants to take a break if necessary or to terminate the interview in the unlikely event that the distress is severe. Participants will also be reminded of their right to withdraw from the process.

Participants will be asked whether the research triggered any distress during the debrief

stage. Participants will be issued with contacts of appropriate organisations should they wish to access support for issues brought up by the research.

Should concerns arise concerning the safety of participants or the public, confidentiality may be breached. However, this would be discussed with the Director of Studies, and the participant where possible.

23. Protection of the researcher:

(Will you be knowingly exposed to any health and safety risks? If equipment is being used is there any risk of accident or injury to you? If interviewing participants in their homes will a third party be told of place and time and when you have left a participant's house?)

Semi-structured interviews will take place in a private room at UEL and the researcher will ensure that another person is aware of the interviews and the estimated duration. The researcher will terminate the interview should they deem themselves to be at risk at any stage.

24. Debriefing participants:

(Will participants be informed about the true nature of the research if they are not told beforehand? Will participants be given time at the end of the data collection task to ask you questions or raise concerns? Will they be re-assured about what will happen to their data? Please attach to this application your debrief sheet thanking participants for their participation, reminding them about what will happen to their data, and that includes the name and contact details of an appropriate support organisation for participants to contact should they experience any distress or concern as a result of participating in your research.)

Participants will be provided with information sheets about the purpose of the study. They will be encouraged to ask questions prior to both phases of the research. Participants will also be provided space to ask questions about the study after taking part in the interview. Participants will be reassured that any data they provide will be anonymised and remain confidential. They will also be informed that any transcribed data will be destroyed within 5 years of the studies completion.

Participants will be provided a space to relay any issues arising from the study. The debrief stage will include signposting to statutory and non-statutory organisations for support should they require this.

25. Will participants be paid?

Prize draw

If YES how much will participants be paid and in what form (e.g. cash or vouchers?)
Why is payment being made and why this amount?

There will be two free prize draws (each including the chance to win £25); one for each phase of the study. This is to offer the chance to remunerate people for the time they have taken to consider taking part in the study. Participants who consider taking part in the study will be entered into a free prize draw for the chance to win a £25 gift voucher. They only need to complete the contact details sheet to be entered into the prize draw. The information sheet makes it clear that failure to complete the questionnaires or interview will not disqualify them from the corresponding free prize-draw. It also states that participants will not be excluded from the prize draw should they decide to withdraw their data at a later time. It is also made clear that participants may opt out of the free prize

draw should they wish by informing the researcher (e.g. for those preferring not to enter on ethical or religious grounds). Prize winners will receive the voucher within 6 weeks of the prize draw.

26. Other:

(Is there anything else the reviewer of this application needs to know to make a properly informed assessment?)

NA

4. Other permissions and ethical clearances

27. Is permission required from an external institution/organisation (e.g. a school, charity, local authority)?

NO

If your project involves children at a school(s) or participants who are accessed through a charity or another organisation, you must obtain, and attach, the written permission of that institution or charity or organisation. Should you wish to observe people at their place of work, you will need to seek the permission of their employer. If you wish to have colleagues at your place of employment as participants you must also obtain, and attach, permission from the employer.

If YES please give the name and address of the institution/organisation: NA

Please attach a copy of the permission. A copy of an email from the institution/organisation is acceptable.

In some cases you may be required to have formal ethical clearance from another institution or organisation.

28. Is ethical clearance required from any other ethics committee?

NO

If YES please give the name and address of the organisation:

Has such ethical clearance been obtained yet?

N/A

If NO why not?

If YES, please attach a scanned copy of the ethical approval letter. A copy of an email from the organisation is acceptable.

PLEASE NOTE: Ethical approval from the School of Psychology can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committees as may be necessary.

29. Will your research involve working with children or vulnerable adults?*

NO

If YES have you obtained and attached a DBS certificate?

YES / NO

If your research involves young people under 16 years of age and young people of limited competence will parental/guardian consent be obtained.

YES / NO

If NO please give reasons. (Note that parental consent is always required for participants who are 16 years of age and younger)

* You are required to have DBS clearance if your participant group involves (1) children and young people who are 16 years of age or under, and (2) ‘vulnerable’ people aged 16 and over with psychiatric illnesses, people who receive domestic care, elderly people (particularly those in nursing homes), people in palliative care, and people living in institutions and sheltered accommodation, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible. For more information about ethical research involving children see www.uel.ac.uk/gradschool/ethics/involving-children/

30. Will you be collecting data overseas?

NO

This includes collecting data/conducting fieldwork while you are away from the UK on holiday or visiting your home country.

* If YES in what country or countries will you be collecting data?

Please note that ALL students wanting to collect data while overseas (even when going home or away on holiday) MUST have their travel approved by the Pro-Vice Chancellor International (not the School of Psychology) BEFORE travelling overseas.

<http://www.uel.ac.uk/gradschool/ethics/fieldwork/>

IN MANY CASES WHERE STUDENTS ARE WANTING TO COLLECT DATA

OTHER THAN IN THE UK (EVEN IF LIVING ABROAD), USING ONLINE SURVEYS AND DOING INTERVIEWS VIA SKYPE, FOR EXAMPLE, WOULD COUNTER THE NEED TO HAVE PERMISSION TO TRAVEL

5. Signatures

TYPED NAMES ARE ACCEPTED AS SIGNATURES

Declaration by student:

I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor.

Student's name: Paul Deller

Student's number: U1438395

Date: 22.04.2016

Declaration by supervisor:

I confirm that, in my opinion, the proposed study constitutes a suitable test of the research question and is both feasible and ethical.

Supervisor's name: David Harper

Date: 28.04.2016

YOU MUST ATTACH THESE ATTACHMENTS:

1. PARTICIPANT INVITATION LETTER(S)

See pro forma in the ethics folder in the Psychology Noticeboard on Moodle. This can be adapted for your own use and must be adapted for use with parents/guardians and children if they are to be involved in your study.

Care should be taken when drafting a participant invitation letter. It is important that your participant invitation letter fully informs potential participants about what you are asking them to do and what participation in your study will involve – what data will be collected, how, where? What will happen to the data after the study is over? Will anonymised data be used in write ups of the study, or conferences etc.? Tell participants about how you will protect their anonymity and confidentiality and about their withdrawal rights.

Make sure that what you tell potential participants in this invitation letter matches up with what you have said in the application

2. CONSENT FORM(S)

Use the pro forma in the ethics folder in the Psychology Noticeboard on Moodle. This should be adapted for use with parents/guardians and children.

3. PARTICIPANT DEBRIEF SHEET

OTHER ATTACHMENTS YOU MAY NEED TO INCLUDE:

See notes on page 2 about what other attachments you may need to include – your debrief document for participants? Example interview questions? A questionnaire you have written yourself? Visual stimuli? Ethical clearance or permission from another institution or organisation?)

SCANNED COPY OF CURRENT DBS CERTIFICATE

(If one is required. See notes on page 3)

APPENDIX J: PARTICIPANT DEBRIEF SHEET (PHASE ONE: QUESTIONNAIRE)

Study Debriefing

Research Title: Discrimination, early life experience, feelings of suspicion and relating to others.

Thank You

Thank you for participating in this study concerning suspiciousness in the student population. The information you provided will be used to contribute to the existing literature in this area and help improve understanding of this phenomenon.

What was the study about?

Previous research has found that suspicious thinking is common in the general population. It has been suggested that feelings of suspicion might be influenced by people's early life experiences and also by discrimination. This study aimed to explore whether these experiences are related to feelings of suspicion.

What if I want to know more?

If you would like to know more about this study please contact the researcher Paul Deller (Email: u1438295@uel.ac.uk) or the researcher's supervisor: Dr Dave Harper (Email: D.Harper@uel.ac.uk).

Experiencing Distress

In the event that you experience psychological distress due to your participation in this study, we recommend that you seek support. In the first instance we would recommend that you contact your GP. A number of alternative support services are also listed below:

Samaritans UK: 0208 116 123

Mind (Charity that provide information and support about mental health): 0300 123 3393

If you feel that you are in immediate danger of harm to yourself, we would recommend contacting the Accident and Emergency Department of your nearest hospital.

Right to Withdraw

You are free to withdraw your data from the study at a later date should you wish. However, should you withdraw beyond the point of data analysis, the researcher reserves the right to use your anonymised data in the write-up of the study. Should you have concerns about your rights as a participant in this research please contact Paul Deller (Email: u1438295@uel.ac.uk) or the researcher's supervisor: Dr Dave Harper (Email: D.Harper@uel.ac.uk).

Thanks again for your participation